THE DEVELOPMENT AND TESTING OF THE LIVELY LATER LIFE PROGRAMME (3LP) FOR INSTITUTIONALISED ELDERLY PEOPLE IN MALAYSIA

(Volume 2)

AKEHSAN DAHLAN

A thesis submitted in partial fulfilment of the requirement for the degree of Doctor of Philosophy

QUEEN MARGARET UNIVERSITY

2011

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APPENDICES

Appendix 1.1: Definitions of terms used in this study

1. Elderly people (Warga Emas)

Elderly people in Malaysia are identified by their age in accordance with the definition given by World Health Organisation (WHO, 2002). WHO defines elderly, older and very old people as those who aged 60-75 years old, 75-89 years old and over 90 years old respectively. Malaysia has adopted this demarcation as a guideline for policy and intervention planning. Elderly people in Malaysia are also known as Warga Emas (Golden Citizen).

2. Institutionalised elderly people.

Institutionalised elderly people are elderly people aged 60 and above who live in care home settings (which include nursing homes and residential care homes), sheltered housing or sheltered accommodation or elderly institutions (Hasselkus, 2002)

3. Expectations regarding ageing (ERA).

Expectations can be define as the act or state of expecting or the act of looking forward and in expectation of what will happen as a right or due (Dady & Rugg, 2000; Merriam-Webster Online Dictionary, 2010). Expectations may consist of perceptions and hopes (Barron et al, 2007; Coolican, 2007; Zysberg & Zisberg, 2008). It involves perception and strong belief towards future self, which can be positive (desires, wishes and expectations for the future) or negative (desires, wishes and expectations to avoid becoming in the future) (Dady & Rugg, 2000; Sarkisian, 2002; 2005; Barron, et al., 2007; Zysberg & Zisberg, 2008; Bradach, et al., 2010). Therefore, ERA is belief and individual perception regarding physical, mental and cognitive functions in the future. This can be expectation of higher level of functional abilities or expectation of deteriorations in physical, mental and cognitive abilities in later life

4. Self-efficacy.

Self-efficacy is defined as [personal] "*belief on one's capability to organise and execute courses of action required to produce given attainm*ents" (Bandura, 1997; p.3). For this study, self-efficacy refers to the cognitive perception towards competency or belief in ability to face and handle various issues related to living in an institution; such as the conditions in the institutional environment, lack of autonomy and individuality and the psychological implications as result of living in the institution.

5. Quality of life (QoL).

QoL is derived from a global construct in which people perceive overall QoL within their own cultural context, value system and environment. The definition can be based on either a lay-man's definition or a definition by health experts (Bowling et al., 2002; Bond & Corner, 2004). The definition of QoL by the World Health Organization Quality of Life (WHOQOL) Group was taken as the definition of QoL in this study;

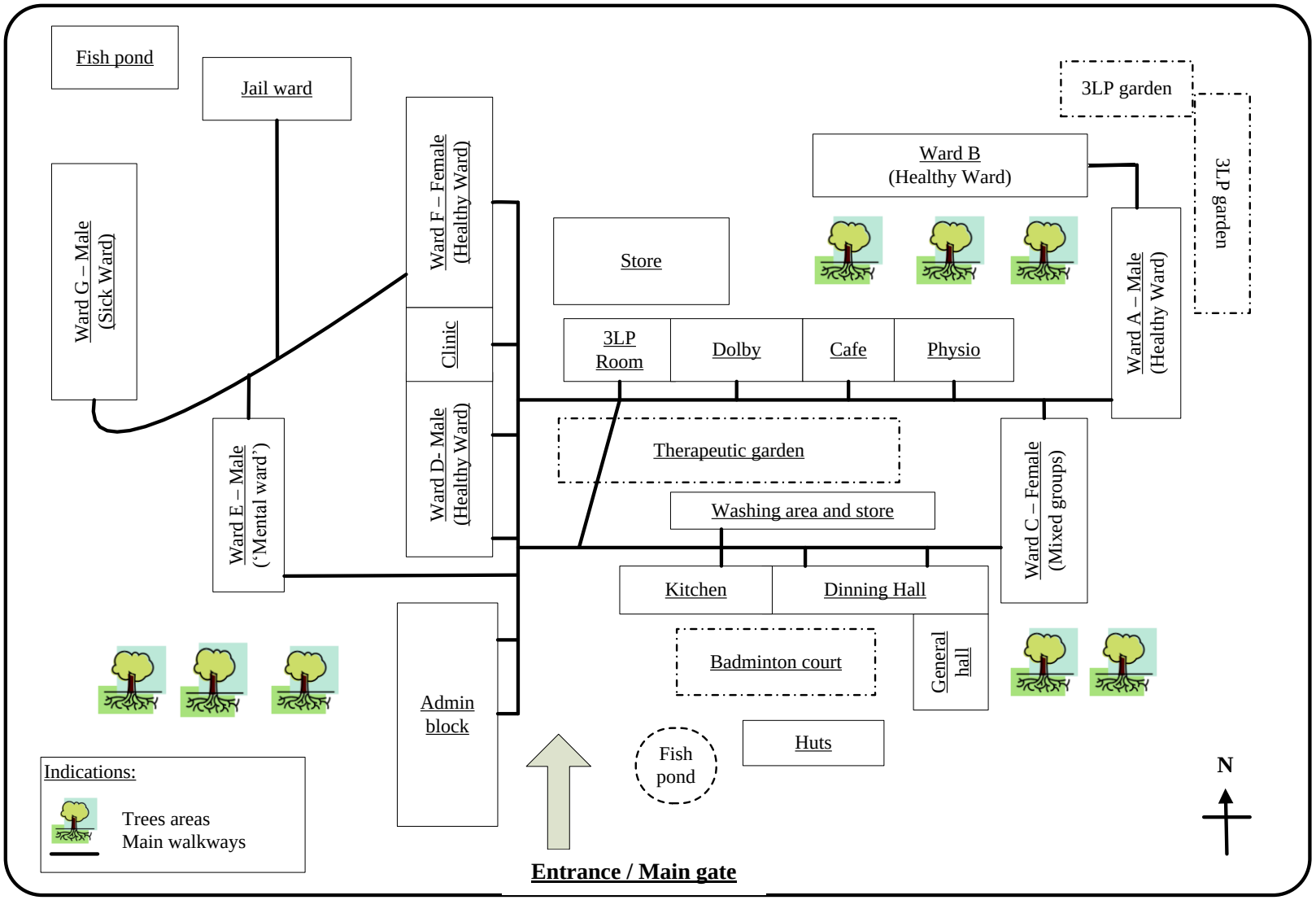
> "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept that is affected in complex ways by a person's physical health, psychological state, level of independence and social relationships, and their relationships to salient features within the environment."

(WHOQOL Group, 1995, p. 1405)

6. Lively Later Life Programme (3LP).

3LP is the proposed intervention that will be conducted for institutionalised elderly people. Further explanation about the intervention is in Chapter 4.

Appendix 3.1: The layout of the institute



Appendix 3.2: Components of tester sessions

Aim of the session.

The aim of the session is to provide information regarding 3LP and the benefits of participation in 3LP.

The objectives of the session are:

1. To identify possible participants and encourage participation in the study.
2. To provide exposure to prospective participants and the staff regarding the benefits of 3LP.
3. To provide information to participants on the effects of a sedentary lifestyle.

Components

1. Introduction:

- Greeting and thanks for participation.
- Statement of the aim of the tester session. Provide information regarding 3LP, possible benefits, why they need to participate, how to participate.

2. Approach to the session

- Group approach, didactic instruction (providing 'lecture' types of information). More pictures, less words (for participants who are illiterate), pictures on effects of disengagement e.g. obesity, shortness of breath, diseases.
- Self exploration - reflecting on past experience when engaging in meaningful occupations / activities – personal benefits.
- Experiential learning (practical components) – physical activities in a sitting position (including facilitation of blood supply to the lower extremities), music sessions.
- Exchange of ideas, personal reflections – encourage discussion with other participants.

3. Content of the sessions.

- Introduction.
- Introductory activities (warming up session).
- Content of the didactic instruction – benefits of engagement in occupation, effects of disengagement.
- Personal reflection – activities engaged in prior to relocation and personal benefits.
- Example of the group activities and reflection.

4. **Equipment needed – OHP or projectors, personal computers.**

5. **Locations** – preferably in classroom settings, comfortable sitting and comfortable environment.

6. **Target participants**

- Older people age 60 and above, more appropriate to the inclusion criteria of the study.

7. **Duration** – 15 minutes lecture, 5-10 minutes discussion, 10 minutes practical session

8. **Other matters** – Fliers, personal reminders for older people who can walk to the classroom, personal reminders to the ward attendants and head of department, identify older people who can and want to participate.

Appendix 3.3: Components of training for independent assessors (for screening, study measures and focus groups).

Definition:

Participants = participants in this context are the people who will become independent assessors.

Client = prospective samples in the study.

Independent assessors = individuals who will be helping in the delivery of the study measures and screening of the clients of the study. They must be health professionals and must have at least some experience in using the screening tools and study measures. This could be nurses, student nurse or therapists (final year), qualified health professionals.

Venue of training.
Any venue is appropriate. Preferably a class room in a comfortable environment (seating and air-conditioning). However, this depends on the availability of the facilities in the institution.
The component of the training is divided into three sections. (1) Introduction (2) Content of training and format of training (3) roles and responsibilities

Introduction

- Welcoming and thanks to the participants for taking part in the training session.
- Introduction of researcher.
- Introduction to content of the training.
- Give out training package (questionnaires, protocols)
- Aim and purpose of the training.
- General rules during the training.

Format of the training

- Approaches – group approach,
- Didactic presentation
- Question and answer sessions.
- Informal sessions, discussions, providing and receiving feedback,
- Exchange of ideas with other participants (sharing experiences).

Duration:

1 – 2 hours (depending on the level of understanding, prior knowledge and experience).

The role and responsibility.

The participants are responsible for the conduct of the following matters:

1. **Conduct of two screening tools (GDS & MMSE)**

For GDS and MMSE.

- Determine familiarity with the screening tools (any experience during training or professional practice).
- Provide the tools and the protocol for conducting the screening.
- Approaches to clients who are able to read or illiterate.
- Go through each question.
- Try out on each other. Provide scoring.
- Encourage questions

2. **Obtaining information from the participants for the following study measures.**

Expectations Regarding Ageing (ERA)

- Ask about familiarity with the ERA (experience during training and professional practice)
- Explain the aim and purpose of ERA.
- Type of scale (marking the scale).
- Go through each question.
- Developed scenarios (Role play).

a. Clients who refuse to answer.
b. Clients taking a long time to answer (reflecting the pros and cons in providing the answer)
c. Clients asking back the question.
d. Clients who are distracted.

General Self Efficacy Scale (GSE).

- Ask about familiarity with the GSE (experiences used, during training and practice)
- Explain the aim and purpose of GSE.
- Type of scale (marking the scale).
- Go through each question; practice scoring and calculation of the scores.

- Develop scenarios (Role play).

a. Clients who refused to answer.
b. Client taking a long time to answer (reflecting the pros and cons in providing the answer)
c. Clients asking back the question.
d. Clients who are distracted.

Brief version of World Health Organisation Quality of Life (WHOQOL-Bref).

- Introduction to the WHOQOL-Bref,
- Ask about familiarity with the study measures – prior experience and knowledge.
- Provide the study measures.
- Explain components, facets, scoring.
- Provide protocol for clients who illiterate (WHO guideline).
- Try on each other, provide scoring.
- Develop scenarios (Role play).

a. Clients who refused to answer / sensitive questions,
b. Clients take a long time to answer (reflecting the pros and cons in providing the answer)
c. Clients asking back the question.
d. Clients who are distracted.

3. <u>Conducting focus groups</u>

- Explain and provide information on the role of the moderator (as written in the manual).
- Explain procedures e.g. seating arrangements, structure of the questions, question route as suggested by Plummer-D'Amanto (2008).
- Provide protocol for moderating focus groups (Appendix 3.19), questionnaire route (Appendix 3.24) and prompts for the questions (Appendix 3.23).
- Provide guideline questions and prompts.
- Explain the structure of the questions
- Provide explanation / method to facilitate discussion amongst the client.

<u>Note :</u> The aim and objectives of the programme will not be explained to the participants to avoid bias. In addition, this will help to 'blind' the participants and ensure validity of the study.

Others

Reimbursement.

- For students RM20 (flat rate) for conducting the screening, study measures, maximum of 10 clients. Focus groups RM 20 per hour (flat rate).
- For health professionals (based on professional rate – maximum of RM400) per person for all tasks conducted (screening, study measures and focus groups).
- Refreshments.
- Box drink and biscuits.

Appendix 3.4: Protocol for obtaining informed consent

Method

1. Approach prospective participants individually. E.g. After the 'tester session', or individual meeting with the participant. Preferably in a venue conducive to comfort and privacy.

2. Provide greeting 'assalamulaikum' (good morning / evening).

3. Address person by their name (e.g. Mr. or Ms), or diminutive, as indicated by the participant.

4. Start with a general introduction (warming up stage). Show respect, speak with a clear voice.
   a. Ask their name, ask 'how are you', ask about their ability to read or write.
   b. Invite prospective participant to talk.
   c. Provide assurance on confidentiality and anonymity.

5. State own name and background.

6. State the aim of coming to the institution, the purpose and importance of the study.

7. Stress the ethical approval from the University, Department of Social Welfare and Head of the Department.

8. State the need for the study.

9. State the stages of the study.
   a. Pre experimental stage – the screening, randomisation, study measures and focus groups.
   b. During the experiment – what participants will be doing in the study. Provide brief outline about the benefits of the 3LP, structure. How many session that they will have to attend. State the conditions e.g. to avoid contamination.
   c. Post intervention – post study measures.
   d. Explain the right to withdraw to the study.

10. Reassure regarding the confidentiality of the data obtained.

11. State the risks of participation in the 3LP.

12. Provide the name of the person who can be contacted for further information, including the head of the institution.

13. What participants need to do (fill up the consent form).

Note:

1. The information sheets and the consent form will be read to the participants who are not able to read.
2. For participants who are unable to write, Proxy will be used to provide signature or any symbol will be considered as sufficient to provide evidence of consent to the study.

Appendix 3.5: Example of informed consents.

Appendix 3.5(i): Informed consents – Bahasa Malaysia.

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Borang Maklumat kepada bakal perserta penyelidikan.

Saya, Akehsan Dahlan adalah pelajar PhD daripada Sekolah Pemulihan Carakerja dan Terapi Lukisan, Fakulti Sains Kesihatan di Universiti Queen Margaret, Edinburgh. Saya dikehendaki menjalankan projek penyelidikan sebagai sebahagian daripada tesis untuk PhD saya.

Projek Penyelidikan saya bertajuk Pekembangan dan Pengujian Program Kehidupan Kemudian yang Cergas.(2KC) atau dalam bahasa Inggeris nya - Lively Later Life Programme – 3LP).

Penyelidikan ini akan mengkaji keberkesanan program 2KC dalam beberapa aspek kehidupan seperti kualiti kehidupan, kebahagian rohaniah, kepuasan dalam kehidupan, keyakinan terhadap kehidupan, dan harapan terhadap hari tua. Penyelidikan ini juga akan mengkaji perhubungan diantara aspek-aspek kehidupan sepertimana yang dinyatakan seperti dengan maklumat peribadi seperti umur, tahap pelajaran, pendapatan dan lain-lain.

Keputusan penyelidikan ini akan berguna kepada warga emas di Malaysia, kerana projek ini merancang untuk meingkatkan beberapa aspek kehidupan dan memastikan

warga emas berupaya untuk mengkekalkan sikap positive terhadap kehidupan dan hari tua akibat daripada penglibatan dalam projek ini.

Saya mencari perserta sukarela bagi projek ini. Jika Tuan/Puan berumur 60 tahun keatas dan boleh membaca dalam bahasa Malaysia atau Bahasa Inggeris, Tuan / Puan adalah orang yang saya cari !

Projek ini merangkumi Empat peringkat. Pada **Peringkat Pertama**, Tuan/ Puan akan ditanyakan soalan berkenaan dengan keadaan dirisendiri. Jika Tuan/Puan menepati kriteria yang ditetapkan, Tuan/Puan akan diminta untuk mengikuti peringkat seterusnya. Pada **Peringkat kedua**, Tuan/Puan diminta untuk mejawab pertanyaan dikertas berkenaan dengan pekara-pekara berikut :

a. Maklumat peribadi seperti umur
b. Kualiti kehidupan
c. Keupayaan menjalankan kehidupan seharian.
d. Kepuasan terhadap kehidupan.
e. Pekara-pekara yang diminati
f. Harapan dan jangkaan terhadap masa hadapan

Tuan/ Puan hanya perlu menandakan [√] atau [X] dikertas soalan. Soalan-soalan seperti diatas tidak perlu dijawab dalam masa satu hari. Bagaimanapun, setiap soalan mungkin akan mengambil masa lebih kurang 30 minit untuk dijawab. Kesemua soalan boleh dijawab dalam masa lima hari.

Tuan / Puan juga akan dijemput untuk menghadiri sesi temubual secara berkumpulan yang akan dijalankan selama 45 minit. Tuan/Puan akan diminta untuk berbual berkenaan dengan pekara-pekara berkaitan dengan kesihatan diri, harapan dan jangkaan pada masa hadapan dan kualiti dan kepuasan kehidupan. Setiap kumpulan terdiri daripada 7 – 10 orang peserta.

Tuan / Puan akan kemudianya dibahagikan secara rawak kepada 2 kumpulan. Kumpulan A dan Kumpulan B. Perserta yang terpilih untuk memasuki Kumpulan A akan mengikuti program Kehidupan Kemudian yang Cergas (2KC), manakala perserta yang terpilih ke Kumpulan B diminta untuk mengikuti program biasa yang telah disediakan oleh petugas di Rumah Sri Kenangan.

Pada **Peringkat Ketiga**, Tuan/Puan yang terpilih untuk menyertai Kumpulan A akan dijemput untuk menghadiri Program Kehidupan Kemudian yang Cergas (2KC) yang akan dikendalikan oleh saya sendiri. Program ini dibahagikan kepada 2 sesi, yaitu sesi individu dan sesi berkumpulan. Setiap perserta akan menghadiri sesi individu bersama penyelidik selama 2 jam sebulan Sesi berkumpulan akan dijalankan selama 2 jam seminggu. Program 2KC ini akan dijalankan selama 6 bulan di Rumah Sri Kenangan. Tuan/Puan boleh menggunakan masa yang selebihnya untuk menjalankan aktiviti seperti biasa dan aktiviti yang dianjurkan oleh petugas di Rumah Sri Kenangan.

Pada **Peringkat Keempat**, selepas 6 bulan, perserta Kumpulan A dan B diminta untuk menjawab soalan-soalan yang disediakan di kertas, sama seperti soalan di peringkat kedua program ini. Tuan/Puan juga dijemput untuk menghadiri sesi perbualan secara berkumpulan seperti peringkat kedua untuk berbual mengenai pengalaman menyertai program yang telah dijalankan samada Program Kehidupan Kumudian yang Cergas bagi Kumpulan A atau program yang dijalankan oleh Rumah Sri Kenanga bagi Kumpulan B.

Tuan/Puan tidak mempunyi sebarang kewajipan untuk turut serta dalam projek ini dan Tuan/Puan boleh menarik diri daripada menyertai program ini pada mana-mana peringkat tanpa perlu memberikan sebarang penjelasan.

Kerahsiaan penyertaan Tuan/Puan dalam program ini adalah dijamin. Maklumati yang dikumpul hasil daripada penyelidikan ini hanya akan digunakan bagi penyelidikan ini sahaja. Maklumat peribadi yang diperolehi adalah hanya bagi tujuan pentadbiran ini sahaja. Rekod maklumat peribadi mengenai Tuan/Puan akan

digantikan dengan nombor-nombor berkod. Rekod ini akan disimpan ditempat berkunci dan tidak akan menjadi sebahagian daripada rekod perubatan Tuan/Puan dan akan di musnahkan setahun selepas penyelidikan ini tamat. Ketanpa-namaan Tuan/Puan akan sentiasa dipastikan didalam laporan penyelidikan ini. Penyelidikan ini mungkin akan diterbitkan atau dibentangkan di persidangan, bagaimanapun, ketanapa-namaan Tuan/Puan akan sentiasa dijamin. Maklumat peribadi Tuan/Puan tidak akan dinyatakan sama sekali.

Jika Tuan/Puan ingin menghubungi penyelia saya yang tahu mengenai projek ini, Tuan/Puan boleh menghubungi Profesor Maggie Nicol. Maklumat perhubungan mengenai penyelia saya adalah seperti dibawah. Maklumat mengenai diri saya adalah juga seperti dibawah. Sekiranya Tuan/Puan ingin bertanyakan sebarang soalan, Tuan/Puan boleh menghubungi saya seperti maklumat perhubungan dibawah. Bagaimanapun, jika Tuan/Puan ingin menghubungi seseorang yang mengetahui mengenai projek ini tetapi tidak terlibat dengan projek ini (penasihat bebas) , Tuan/Puan boleh menghubungi Ms Elaine Ballantyne. Maklumat perhubungan beliau adalah seperti yang dinyatakan dibawah.

Jika Tuan/Puan telah membaca dan memahami borang maklumat ini dan ingin turut serta dalam projek ini, sila isikan borang kebenaran menjalankan penyelidikan yang disertakan bersama borang maklumat menganai penyelidikan ini.

Maklumat perhubungan penyelidik

Nama Penyelidik :	Akehsan Dahlan
Alamat :	Pelajar PhD , School of Occupational Therapy & Art Therapy, Faculty of Health Sciences Queen Margaret University Musselburgh, East Lothian, Edinburgh, EH21 6UU
Email / Telefon :	adahlan@qmuc.ac.uk / 07972835706

Maklumat Perhubungan Penyelia Penyelidikan:

Nama Penyelia :	Prof. Maggie Nicol
Alamat :	Professor Penyelidikan, School of Occupational Therapy & Art Therapy, Faculty of Health Sciences Queen Margaret University Musselburgh, East Lothian, Edinburgh, EH21 6UU
Email / Telefon :	mnicol@qmu.ac.uk / +44 (0)131 474 0000

Maklumat Perhubungan Penasihat Bebas.

Nama Penasihat :	Ms Elaine Ballantyne
Alamat :	Pensyarah, School of Occupational Therapy & Art Therapy, Faculty of Health Sciences Queen Margaret University Musselburgh, East Lothian, Edinburgh, EH21 6UU
Email / Telefon. :	eballantyne@qmu.ac.uk, / +44 (0)131 474 0000

Sila simpan borang maklumat penyelidikan ini sebagai rekod Tuan/Puan.

Kerjasama Tuan/Puan amatlah dihargai dan diucapankan ribuan Terima Kasih.

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Kebenaran Menjalankan Penyelidikan

"Pekembangan dan pengujian program Kehidupan Kemudian yang Cergas (Lively Later Life Programme (L3P) kepada orang tua yang tinggal di institusi di Malaysia.

Saya telah membaca dan memahami maklumat dan borang menjalankan penyelidikan yang diberikan. Saya berpeluang untuk bertanyakan sebarang soalan mengenai penyertaan saya dalam penyelidikan ini.

Saya memahami bahawa saya tidak mempunyi apa-apa kewajipan untuk menyertai penyelidikan ini.

Saya memahami bahawa saya mempunyi hak untuk menarik diri daripada penyelidikan ini pada mana-mana peringkat tanpa menberikan apa-apa penjelasan.

Nama Perserta : _____

Tanda Tangan Perserta : _____

Tanda Tangan Penyelidik : _____

Tarikh : _____

Maklumat mengenai penyelidik :

Nama Penyelidik: Akehsan Dahlan
Alamat: School of Occupational Therapy & Art Therapy, Faculty of Health Sciences
Queen Margaret University
Musselburgh, East Lothian, Edinburgh, EH21 6UU

Email / Telefon: adahlan@qmu.ac.uk / 07972835706

Appendix 3.5(ii): Informed consent English

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Information sheet for the potential participants

My name is Akehsan Dahlan, and I am a PhD student from the School of Occupational Therapy and Art Therapy, Faculty of Health Sciences at Queen Margaret University in Edinburgh. As part of my degree course, I am undertaking a research project for my PhD thesis.

The title of my project is 'The development and testing of the Lively Later Life Programme (3LP)'.

This study will investigate the effectiveness of the L3P on several aspects of life such as quality of life, spiritual wellbeing, life satisfaction, self efficacy and expectations regarding ageing. In addition, the study will also investigate the relationship between demographic variables such as age, education level and income level with respect to the areas mentioned.

The findings of the project will be useful to elderly people in Malaysia. This project plans to enhance several aspects of life and ensure that the elderly will be able to maintain a positive attitude towards life and towards ageing as the result of the programme.

I am looking for volunteers to participate in this project. If you are 60 years and above, able to write and read either in Bahasa Malaysia or English, then you are what I am looking for!

This project consists of Four Stages. During the **First stage**, you will be presented with two sets of questionnaires pertaining to your cognitive and depression levels. If you go through this stage, you will be invited to participate in the next stage.

In the **Second stage**, you will be asked to complete self-administered questionnaires related to the following:

a. Personal information such as age,
b. Your quality of life
c. Your satisfaction with life
d. Your daily activity
e. Your interests
f. Your expectations and perception towards the future.

You only have to make a mark [√] or [X] in the answer boxes. You don't have to complete all of the questionnaires in one day, however, each questionnaire may take up to 30 minutes of your time. All the questionnaires have to be completed within five days. In addition, you will also be invited for a group discussion regarding several topics pertaining to your health, your expectations and perceptions about ageing and quality of life. The discussion will only take up to 45 minutes of your time. Each group discussion will consist of 7 – 10 participants.

All of the participants will be randomly divided into 2 groups, i.e. Group A and Group B. Participants in Group A will be asked to participate in the Lively Later Life Programme (3LP), whilst, participants in Group B will be asked to participate in the usual activities conducted by the staff.

In the **Third stage**, participants who are in Group A will participate in a Lively Later Life Programme (3LP) conducted by the researcher. The 3LP is divided into two types of sessions; Individual Sessions and the Group Sessions. Every participant in this programme will attend 2 hours of individual sessions with the researcher in a month and 2 hours of group sessions per week. The programme will be conducted

for 6 months at the Rumah Sri Kenangan . Should you wish, you can use the rest of your time participate in the usual activities conducted by the Rumah Sri Kenanga.

In **Stage four**, after 6 months, all of the participants in Groups A and B will be asked to complete self-administered questionnaires. The questionnaires are the same questionnaires as in stage two. In addition, you will also be invited to discuss your experience in participating in the activities that have been conducted. i.e.3LP for Group A and the in-house programme conducted by the institute for Group B.
You will be free to withdraw from the study at any stage and you would not have to give any reason.

Confidentiality is assured. The information collected from you will be used only for the purpose of this study. The personal information is for administrative purposes only. Your information will be removed from the records and replaced with a coded number. These records will be kept in a locked place and will not form part of your medical record and will be destroyed one year after completion of my study. Your anonymity will be maintained in the report of the study. The study may be published or presented at conferences, however, anonymity will be assured. Your personal information will not be mentioned at any time.

If you would like to contact my supervisor, who knows about this project, you are welcome to contact Prof. Dr. Maggie Nicol. Her contact details are given below. My contact details are given below in case you have any questions.

However, if you like to contact an independent person, who knows about this project, but not involved in it, you are welcome to contact Ms Elaine Ballantyne. Her contact details are also given below.

If you have read and understood this information sheet and if you would like to be a participant in this study, please fill up the consent form attached with this information sheet.

Contact details of the researcher

Name of the researcher : Akehsan Dahlan

Address : PhD Student, School of Occupational Therapy & Art Therapy, Faculty of Health Sciences
Queen Margaret University
Musselburgh, East Lothian, Edinburgh, EH21 6UU

Email / Telephone : adahlan@qmuc.ac.uk / 07972835706

Contact details of the supervisor

Name of the first supervisor : Prof. Dr. Maggie Nicol

Address : Research Professor, School of Occupational Therapy & Art Therapy, Faculty of Health Sciences
Queen Margaret University
Musselburgh, East Lothian, Edinburgh, EH21 6UU

Email / Telephone : mnicol@qmu.ac.uk / +44 (0)131 474 0000

Contact details of the independent adviser

Name of the advisor: Ms Elaine Ballantyne

Address : Lecturer, School of Occupational Therapy & Art Therapy, Faculty of Health Sciences
Queen Margaret University
Musselburgh, East Lothian, Edinburgh, EH21 6UU

Email / Telephone : eballantyne@qmu.ac.uk, / +44 (0)131 474 0000

Your participation is very much appreciated.

Please keep this information sheet for your records.

Thank you.

Queen Margaret University

EDINBURGH

Consent form

"The development and testing of the Lively Later Life Programme (3LP) for institutionalised elderly people in Malaysia"

I have read and understood the information sheet and this consent form. I have had an opportunity to ask questions about my participation.

I understand that I am under no obligation to take part in this study.

I understand that I have the right to withdraw from this study at any stage without giving any reason.

I agree to participate in this study.

Name of participant: _____

Signature of participant: _____

Signature of researcher: _____

Date: _____

Contact details of the researcher

Name of researcher: Akehsan Dahlan
Address: PhD Student, School of Occupational Therapy & Art Therapy, Faculty of Health Sciences
Queen Margaret University
Musselburgh, East Lothian, Edinburgh, EH21 6UU
Email / Telephone: adahlan@qmu.ac.uk / 07972835706

Appendix 3.6: Screening instruments

No	Screening tools.
1	**Geriatric Depression Scale (GDS)**
	Descriptions - Widely used in screening for depression among the elderly population. - The original version (GDS-30) consisted of 30 questions in the form of yes / no and was designed for self-administration (Yesavage et al., 1983). - The shorter 15 questions version (GDS-15) was later developed for easier use and better acceptability (Sheikh & Yesavage, 1986, Alden et al., 1989, D'Ath et al., 1994). - Both versions (GDS-30, GDS-15) have been validated across different clinical settings, cultures and languages.
	Psychometric properties - The item-9 from Malay version-GDS-15 had no discriminatory value in differentiating cases and non-cases and poorly correlated with the total corrected item score. By omitting the item-9, the newly formed scale, M-GDS-14, had satisfactory reliability (Cronbach's alpha 0.84, test-retest reliability 0.84) and concurrent validity with MADRS (Spearman's rho 0.68). - At the cut off point of 5/6, the M-GDS-14 detected all clinically significant depression with 95.5% sensitivity and 84.2% specificity, while at 7/8 it had 100% sensitivity and 92.0% specificity in detecting major depression. - The abbreviated version of GDS with 15 items when validated in Malaysian population resulted in 14 items with discriminatory values. This new Malay GDS-14 has satisfactory reliability and validity.
	Other information - Translation version obtained from Dr.Hasanah Che Ismail, Universiti Sains Malaysia, School of Medical Sciences, 16150 Kubang Kerian, Kelantan, Malaysia.

	- The instrument was used to identify depression amongst community and institutionalised elderly people in Malaysia (Teh & Hasanah, 2004; Mohd Aznan & Samsul, 2007).
2	**The Mini Mental State Examination (MMSE)**
	Descriptions - A tool that can be used to systematically assess mental status. It is an 11-question measure that tests five areas of cognitive function: orientation, registration, attention and calculation, recall, and language. The maximum score is 30. - A score of 23 or lower is indicative of cognitive impairment. The MMSE takes only 5-10 minutes to administer and is therefore practical to use repeatedly and routinely. - The MMSE is effective as a screening tool
	Psychometric properties - The MMSE is effective as a screening instrument to separate patients with cognitive impairment from those without it. In addition, when used repeatedly the instrument is able to measure changes in cognitive status that may benefit from intervention. - However, the tool is not able to diagnose the cause of changes in cognitive function and should not replace a complete clinical assessment of mental status.
	Other information - Translation version obtained from Zarina, Z.A., Zahiruddin, O., Che Wan, A.H. (2007) and Ng et al., (2006)

Other information:

Geriatric Depression Scale (GDS)

GDS is a widely used screening tool for depression amongst elderly people. The original version (GDS-30) consisted of 30 questions in the form of yes / no and was designed for self-administration (Yesavage et al, 1983). The shorter 15 questions version (GDS-15) was later developed for easier use and better acceptability (Sheikh

& Yesavage, 1986, Alden et al, 1989, D'Ath et al, 1994). Both versions (GDS-30, GDS-15) have been validated across different clinical settings, cultures and languages (Koenig et al, 1988, Lesher & Berryhill, 1994, Abas et al, 1998, Liu et al, 1998, Ganguli et al, 1999, Fountoulakis et al, 1999, de Craen, 2003).

The translated version of GDS from English to Malay by Teh & Hasanah, (2004) was used for this study. The tool was translated using the translation and back translation method by bilingual medical doctors and the translation services of the Centre for Languages and Translation of the University Sains Malaysia. The tool was tested on 60 inpatients aged 60 years old. In their study, it was found that the item-9 of the Malay version-GDS-15 had no discriminatory value in differentiating cases and non-cases and poorly correlated with the total corrected item score. By omitting the item-9, the newly formed scale, M-GDS-14, had satisfactory reliability (Cronbach's alpha 0.84, test-retest reliability 0.84) and concurrent validity with MADRS (Spearman's rho 0.68). At the cut off point of 5/6, the M-GDS-14 detected all clinically significant depression with 95.5% sensitivity and 84.2% specificity, while at 7/8 it had 100% sensitivity and 92.0% specificity in detecting major depression.

The abbreviated version of GDS-14 was used for this study. Permission to use the translated version was obtained on 2nd January 2008 from the author. A copy of the translated version is in **appendix 7(i)**

Mini Mental State Examination (MMSE)

MMSE is a tool that can be used to systematically and thoroughly assess mental status (Folstein et al, 1975; Foreman & Grabowski, 1992; Foreman et al, 1996). It is an 11-question measure that tests five areas of cognitive function: orientation, registration, attention and calculation, recall, and language. The maximum score is 30. A score of 23 or lower is indicative of cognitive impairment. The MMSE takes 5-10 minutes to administer and is therefore practical to use repeatedly and routinely. The MMSE is effective as a screening instrument to separate patients with cognitive impairment from those without it. In addition, when used repeatedly the instrument is

able to measure changes in cognitive status that may benefit from intervention. However, the tool is not able to diagnose the changes in cognitive function and should not replace a complete clinical assessment of mental status.

The translated version of MMSE was used for this study. It was identified as the Malay Mini Mental State Examination (M-MMSE) (Ng et al, 2006, Norlinah, 2009). The tool was translated using forward and back translation by researchers who were fluent in English and Malay. The phrase 'no ifs and buts' was changed to '*tidak mungkin dan cukup mustahil*' and the ability to spell 'world' was changed to '*dunia*'. (ibid) This was used instead of serial 7's or 3's because of the educational background of the participants who are unable to read or write. The authors suggest using the cut-off score ≤ 21 for Malaysia elderly people.

A copy of the translated version is in **appendix 7(ii).**

Appendix 3.6(i): Geriatrics Depression Scale.

1. **<u>English version - Geriatric Depression Scale: Short Form</u>**

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life?	YES	NO
2. Have you dropped many of your activities and interests?	YES	NO
3. Do you feel that your life is empty?	YES	NO
4. Do you often get bored?	YES	NO
5. Are you in good spirits most of the time?	YES	NO
6. Are you afraid that something bad is going to happen to you?	YES	NO
7. Do you feel happy most of the time?	YES	NO
8. Do you often feel helpless?	YES	NO
9. Do you prefer to stay at home, rather than going out and doing new things?	YES	NO
10. Do you feel you have more problems with memory than most?	YES	NO
11. Do you think it is wonderful to be alive now?	YES	NO
12. Do you feel pretty worthless the way you are now?	YES	NO
13. Do you feel full of energy?	YES	NO
14. Do you feel that your situation is hopeless?	YES	NO
15. Do you think that most people are better off than you are?	YES	NO

2. GDS Malay version.

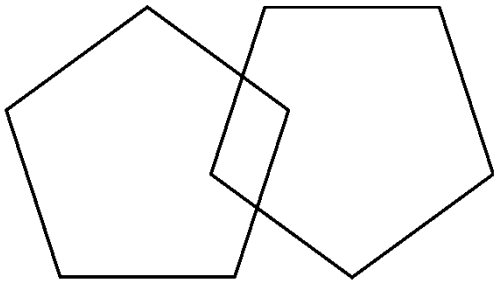
SKALA KEMURUNGAN GERIATRIK

Sila jawab semua soalan dengan membulatkan jawapan anda

1.	Adakah anda pada asasnya berpuas hati dengan kehidupan anda?	YA	TIDAK
2.	Adakah anda telah meninggalkan banyak kegiatan dan minat anda?	YA	TIDAK
3.	Adakah anda berasa hidup anda kekosongan?	YA	TIDAK
4	Adakah anda sering bosan?	YA	TIDAK
5	Adakah anda bersemangat dalam kebanyakan masa?	YA	TIDAK
6	Adakah anda bimbang sesuatu yang buruk akan terjadi pada anda?	YA	TIDAK
7	Adakah anda berasa gembira dalam kebanyakan masa?	YA	TIDAK
8	Adakah anda sering berasa tidak terdaya?	YA	TIDAK
9	Adakah anda lebih suka duduk di rumah daripada keluar dan melakukan sesuatu perkara/hal yang baru?	YA	TIDAK
10	Adakah anda berasa bahawa anda mempunyai lebih banyak masalah daya ingatan daripada orang lain? -	YA	TIDAK
11	Adakah anda fikir alangkah baiknya untuk hidup sekarang?	YA	TIDAK
12	Adakah anda berasa keadaan anda sekarang kurang berguna?	YA	TIDAK
13	Adakah anda berasa penuh bertenaga?	YA	TIDAK
14	Adakah anda berasa keadaan anda tidak ada harapan?	YA	TIDAK
15	Adakah anda fikir bahawa kebanyakan orang adalah lebih baik daripada anda?	YA	TIDAK

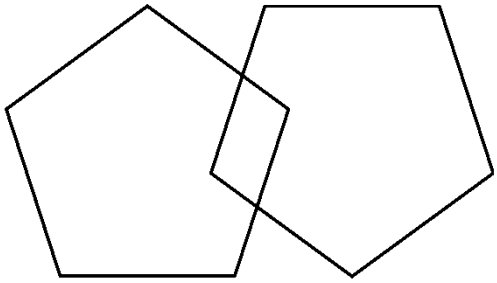
Appendix 3.6(ii): Mini Mental state Examination (MMSE)

1. The English version of MMSE

	Maximum	Score
Orientation What is the (year) (season) (date) (day) (month)? Where are we (state) (country) (town) (hospital) (floor)?	 **5** **5**	
Registration Name 3 objects: 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record. Trials _____	**3**	
Attention and Calculation Serial 7's. 1 point for each correct answer. Stop after 5 answers. Alternatively spell "world" backward.	**5**	
Recall Ask for the 3 objects repeated above. Give 1 point for each correct answer.	**3**	
Language Name a pencil and watch. Repeat the following "No ifs, ands, or buts" Follow a 3-stage command: "Take a paper in your hand, fold it in half, and put it on the floor" Read and obey the following: CLOSE YOUR EYES Write a sentence. Copy the design shown. 	 **2** **1** **3** **1** **1** **1**	
Total score		

2. The Malay version of MMSE.

Nama : …….

	Maksima	**Skor**
Orientasi Apakah dia (tahun) (musim) (tarikh) (hari) (bulan)? Dimanakah anda (negara) (negeri) (bandar) (hospital) (tingkat)?	 **5** **5**	
Pendaftaran Namakan 3 objek : 1 saat bagi setiap objek disebut. Kemudian mita pesakit menamakan objek selepas semuanya dinyatakan. Beri 1 mata bagi setiap jawapan yang betul. Kemudian ulang semula sehingga pesakit mempelajarinya. Kira cubaan yang dilakukan dan rekodkan. Cubaan : _____	**3**	
Pengiraan dan penumpuaan Seri 7 : 1 mata bagi setiap jawapan betul. Berhenti selepas 5 jawapan. Atau, minta pesakit mengeja "dunia" secara terbalik.	**5**	
Mengingat Minta pesakit mengingati 3 objek yang telah dinyatakan tadi. Beri 1 mata bagi setiap jawapan yang betul.	**3**	
Bahasa Namakan pencil dan jam tangan Ulang perkatan ini "merah, murah, marah" Ikut 3 peringkat arahan. Ambil kertas ditangan anda, lipatkanya menjadi separuh dan letakanya diatas lantai. Bacakan dan turuti arahan ini. TUTUP MATA ANDA. Tulis satu ayat Tiru corak dibawah : 	 **2** **1** **3** **1** **1** **1**	
Jumlah markah.		

Appendix 3.7: Ethical Approval Letter

Appendix 3.7(i): Approval letter from QMU

Queen Margaret University

EDINBURGH

Akehsan Dahlan
Research Student
Occupational Therapy
School of Health Sciences

Emma Wilson
Acting Registry Officer
Queen Margaret University
Queen Margaret University Drive
Musselburgh
East Lothian EH21 6UU

Tel: 0131 474 0000
Email: ewilson@qmu.ac.uk

19 March 2008

Dear Akehsan

Ethical Approval – The development and testing of the Lively Later Life Programme (L3P) for institutionalised elderly people in Malaysia

Thank you for your response dated 6 March 2008 to the letter I sent you following consideration of your application by the Research Ethics Committee.

Professor Marie Reid, Convener of the Committee, has reviewed your response to the points you were required to address, and has confirmed that she is happy to take Convener's Action to grant full ethical approval for your research.

A standard condition of this ethical approval is that you are required to notify the Committee, in advance, of any significant proposed deviation from the original protocol. Reports to the Committee are also required once the research is underway if there are any unexpected results or events that raise questions about the safety of the research. Notification of completion of the study is also required – please find the appropriate form for this attached.

We would like to thank you for your co-operation and wish you well with your project.

Yours sincerely,

Emma Wilson

Emma Wilson
Acting Secretary to the Research Ethics Committee

Cc Professor Maggie Nicol, Director of Studies

Appendix 3.7(ii): Approval letter from DOSW, Malaysia

UNIT PERANCANG EKONOMI
Economic Planning Unit
JABATAN PERDANA MENTERI
Prime Minister's Department
BLOK B5 & B6
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
62502 PUTRAJAYA
MALAYSIA

Telefon : 603-8888 3333
Telefax : 603-888

Ruj. Tuan:
Your Ref.:

Ruj. Kami:
Our Ref.: UPE: 40/200/19/2329

Tarikh:
Date: 16 September 2008

Akehsan Dahlan
52 Blok 1B
Bandar Tasik Puteri
56000 Rawang
Selangor
Email: akehsan1@hotmail.com

APPLICATION TO CONDUCT RESEARCH IN MALAYSIA

With reference to your application dated 2 July 2008, I am pleased to inform you that your application to conduct research in Malaysia has been approved by the **Research Promotion and Co-Ordination Committee, Economic Planning Unit, Prime Minister's Department.** The details of the approval are as follows:

Researcher's name	:	**AKEHSAN DAHLAN**
Passport No. / I. C No:		**660424-01-5809**
Nationality	:	**MALAYSIAN**
Title of Research	:	**"THE DEVELOPMENT AND TESTING OF THE LIVELY LATER LIFE PROGRAMME (3LP) FOR INSTITUTIONALISED ELDERLY PEOPLE IN MALAYSIA"**

Period of Research Approved: **ONE YEAR**

2. Please collect your Research Pass in person from the Economic Planning Unit, Prime Minister's Department, Parcel B, Level 4 Block B5, Federal Government Administrative Centre, 62502 Putrajaya and bring along two (2) passport size photographs. You are also required to comply with the rules and regulations stipulated from time to time by the agencies with which you have dealings in the conduct of your research.

3. I would like to draw your attention to the undertaking signed by you that you will submit without cost to the Economic Planning Unit the following documents:

a) A brief summary of your research findings on completion of your research and before you leave Malaysia; and

b) Three (3) copies of your final dissertation/publication.

4. Lastly, please submit a copy of your preliminary and final report directly to the State Government where you carried out your research. Thank you.

Yours sincerely,

(**MUNIRAH ABD. MANAN**)
For Director General,
Macro Economic Section,
Economic Planning Unit.
E-mail: munirah@epu.jpm.my
Tel: 88882809/2818/2958
Fax: 88883798

ATTENTION

This letter is only to inform you the status of your application and **cannot be used as a research pass**.

C.c:

Ketua Pengarah
Jabatan Kebajikan Masyarakat
Tingkat 19-24, Menara Tun Ismail Mohamed Ali
Jalan Raja Laut
50562 Kuala Lumpur
(u.p: Pn Norani bt. Hj Mohd Hashim) (Ruj. Tuan: JKMM/100/12/5/2 Jld 23(31)

Appendix 3.8: Protocol for conducting the study measures.

STAGE 1 (DAY 1) :

General approach (when meeting the participants)

- Provide greeting – e.g Assalamulaikum, Good Morning
- Address participants as Mak Cik, Pak Cik or Mrs / Mr.
- Start with a general remark e.g. 'how are you today?'
- Ensure participant is comfortable, use 'market language' to make participants feel comfortable and create informal structure of the session'
- State own name and purpose of the meeting. Refer to following discussion with therapist (pre and post experimental).
- Give assurance about confidentiality and anonymity. State the following sentences to the participant: "Pak Cik / Mak Cik, I will not tell anyone who is not related to the study about what you are going to tell me and there is no way they can identify you from the answer that you will give". Everything you say is confidential, as stressed by Mr. Ehsan'

Venue

- Provide a venue for privacy, feeling safe and secure.
- To abide with cultural and religious values, participants who are of the opposite sex will be accompanied by staff or students, be in an open space, with proximity to other residents.

Question 1:

Demographic questionnaires:

Expectations Regarding Ageing (ERA) – 12 questions

For participants who can read:

- State "Pak Cik ? Mak Cik, I am going to give you a question form as discussed between you and Mr. Akehsan. The questions are about your expectations towards your future orientation in life. Could you answer the questions?"
- Provide participants with the questions.
- Provide description – read the instruction written in the preamble of the questions.
- Provide examples by reading the first questions.
- Sit with the participants (if wanted by the participants) or tell participants that you will come back after one hour (adjustable according to the participant's time) to collect the question sheet.
- State the time that you will come back to collect the question sheet.

- Thank the participants.

For participants who are illiterate

- Tell the participants the following: 'Pak Cik/Mak Cik, I am going read you 12 statements regarding your future expectation in life'.
- I need you to say what you feel regarding the statement, whether the statement is definitely true, somewhat true, somewhat false or definitely untrue'; which one best describes your feeling.
- Read question 1
- Wait for the answer. If participants cannot give the answer in one minute, leave the question and go to the next question.
- Accept any refusal to answer the question. Leave the space for answer blank.
- If participants ask for explanation, ask the participant what he / she thinks about it. This will provide synchronicity with other assessors.
- Ask the rest of the questions (Question 2 – 12).
- Thank the participants after completing the questions.
- Arrange for date, time, purpose and types of questions that will be discussed in the next session.

STAGE 1 (DAY 2) :

General approach (when meeting the participants)

- Provide greeting – e.g Assalamulaikum, Good Morning
- Address participants as Mak Cik, Pak Cik or Mrs / Mr.
- Start with general remark e.g 'how are you today?'
- Ensure participant is comfortable, use 'market language' to make participants feel comfortable and create an informal structure for the session'
- State own name and purpose of the meeting. Refer to following discussion with therapist (pre and post experimental).
- State to participants that there are 2 types of questions, in addition to the past session.
- Reassure regarding confidentiality and anonymity. State the following sentences to the participant: "Pak Cik / Mak Cik, I will not tell anyone who is not related to the study about what you are going to tell me and there is no way they can identify you from the answers that you will give". Everything you say is confidential, as stressed by Mr. Ehsan'

Venue

- Provide a suitable venue for privacy, feeling of safety and security.

- To abide with cultural and core religious values, participants who are of the opposite sex will be accompanied by staff or students, in an open space and in proximity to other residents.

1. *General Self efficacy Scale (GSE).*

For participants who can read:

- State "Pak Cik/Mak Cik, I am going to give you questions as discussed between you and Mr. Akehsan. There are 10 questions. There are 4 answers to the questions: Not at all true, hardly true, moderately true, exactly true. You have to choose one answer that suit to you most. Could you fill out the question sheet?
- Provide participants with the questions.
- Provide description – read the instruction written in the preamble of the questions.
- Provide examples by reading the first questions.
- Sit with the participants (if wanted by the participants) or tell participants that you will come back after one hour (adjustable according to the participant's time) to collect the sheet.
- State the time that you will come back to collect the sheet.
- Thank the participants

For participants who are illiterate

- Tell the participants the following: 'Pak Cik/Mak Cik, I am going read you 10 statements regarding your ability to solve problems.
- I need you to answer what you feel regarding the statement. There are 4 possible answers to the questions: Not at all true, hardly true, moderately true, exactly true. You have to choose the one answer that suits you most
- Read question 1
- Wait for the answer. If participants cannot give the answer after one minute, leave the question and go to the next question.
- Accept any refusal to answer the question. Leave the space for the answer blank.
- If participants ask for explanation, ask the participants what he / she thinks about it. This will provide synchronicity with other assessors.
- Ask the rest of the questions (Question 2 – 10).
- Thank the participants after completing the questions.

2. *Brief version of World Health Organisation Quality of Life (WHOQOL-Bref).*

For participants who can read:

- State "Pak Cik/Mak Cik, I am going to give you questions as discussed between you and Mr. Akehsan. This question is about your condition and your life in this institute. There are four sections. You have to choose one answer that suits you most. Could you fill up the question sheet?
- Provide participants with the questions.
- Provide description – read the instruction written in the preamble of the questions.
- Provide examples by reading the first questions.
- Sit with the participants (if needed by the participants) or tell participants that you will come back after one hour (adjustable according to the participants time) to collect the questions.
- State the time that you will come back to collect the questions.
- Thank the participants

For participants who are illiterate

- Tell the participants the following: 'Pak Cik/Mak Cik, I am going read you statements regarding your quality of life.
- I need you to answer what you feel regarding the statement. There are 4 possible answers to the questions. For example Not at all true, hardly true, moderately true, exactly true. You have to choose the one answer that suits you most
- Read question 1: give example.
- Wait for the answer. If participants cannot give the answer after one minute, leave the question and go to the next question.
- Accept any refusal to answer the question. Leave the space for answer blank.
- If participants ask for explanation, ask participants what he / she thinks about it. This will provide synchronicity with other assessors.
- Repeat the rest of the questions
- Thank the participants after completing the questions.

Note:

For the pre experimental phase, the aim, objectives, and the programme conducted will not be explained to the participants and the assessors to avoid bias. In addition, this will help to 'blind' the participants and ensure validity of the study.

Appendix 3.9: Information about nursing students

Name of the nursing students who helped to conduct the screening tools and the study measures. All of the students are 3rd year students from Master Skills Nursing College. (Information about the University is available from : http://www.masterskill.edu.my/MASTERSKILL%20WEBSITE/masterskill/programmes/programmes1.php)

Further information about the students is available from the researcher.

No	Name
1	Nordhakilah Bt Salihen
2	Noorfazlin Bt Azman Shah
3	Rosnita bt mohamad Rustam
4	Zarina Bt Salleh
5	Natasha Tasnim Bt. Noorhisham
6	Fatin Bt Hamimuddin
7	Sharika Bt Shahbudin
8	Nurul Aida Bt Ahmad
9	Nor Suziyana Bt M. Halim
10	Syakilah bt Solehan Ali

Appendix 3.10: Information about the psychologists

Name of the psychologists who conducted the post experimental study measures and post experimental focus groups.
Further information about the psychologist is available from the researcher.

No	Name	Graduate from:	Current employment:
1	Mohd. Naim B. Che Abdul Aziz	Univeristi Kebangsaan Malaysia. 2006	Department of Social Welfare, Kota Bahru Kelantan.
2	Hasbullah B. Awang	Univeristi Kebangsaan Malaysia. 2006	Department of Social Welfare, Alor Star, Kedah

Appendix 3.11: Components of training for Psychologists (for screening, study measures and focus groups)

Definition:

Participants = participants in this context are the psychologists.

Client = prospective samples in the study.

Venue of training
Any venue is appropriate. Preferably a room which is comfortable (adequate seating and air-conditioning). However, it depends on the availability of the facilities in the institution.

The components of the training are divided into three sections. (1) Introduction (2) Content and format (3) roles and responsibilities

Introduction

- Welcoming and thanking the participants for participating in the training session.
- Introduction of self.
- Introduction of content of the training.
- Hand out training package (questionnaires, protocols)
- Aim and purpose of the training.
- General rules during the training.

Format of the training

- Approaches – group approach (small groups).
- Didactic presentation / discussion.
- Question and answer sessions.
- Informal sessions, discussions, providing and receiving feedback,
- Exchange of ideas with other participants (sharing experience).

Duration:

1 – 2 hours (depending on the level of understanding, prior knowledge and experience).

The role and responsibility

The participants are responsible for the conduct of the following:

Obtaining information from the participants for the study measures.

Expectations Regarding Ageing (ERA)

- Ask about familiarity with the ERA (experience used, during training and practice)
- Explain the aim and purpose of ERA.
- Type of scale (marking the scale).
- Go through each question.
- Developed scenarios (Role play).
  a. Clients who refuse to answer.
  b. Clients who take a long time to answer (reflecting on pros and cons in providing the answer)
  c. Clients returning the question.
  d. Clients who are distracted.

General Self Efficacy Scale (GSE

- Ask about familiarity with the GSE (experience used, during training and practice)
- Explain the aim and purpose of GSE.
- Type of scale (marking the scale).
- Go through each question; try to score and calculate the scores.
- Develop scenarios (Role play).
  a. Clients who refuse to answer.
  b. Clients take a long time to answer (reflecting on the pros and cons in providing the answer)
  c. Clients returning the question.
  d. Clients who are distracted.

Brief version of World Health Organisation Quality of Life (WHOQOL-Bref)

- Introduction to the WHOQOL-Bref,
- Ask about familiarity with the study measures – prior experience and knowledge.
- Provide the study measures.
- Explain components, facets, scoring.
- Provide protocol for clients who are illiterate (WHO guideline).
- Try on each other, provide scoring.
- Develop scenarios (Role play).
  a. Clients who refused to answer / sensitive questions,
  b. Clients taking a long time to answer (reflecting on the pros and cons in providing the answer)
  c. Clients returning the question.

d. Clients who are distracted.

Conducting focus groups

- Explain and outline the role of the moderator (as written in the manual).
- Explain procedures e.g. seating arrangement, structure of the questions, question routes as suggested by Plummer-D'Amanto (2008).
- Provide protocol for moderating focus groups (Appendix 3.19), questionnaire route (Appendix 3.24) and prompts for the questions (Appendix 3.23).
- Provide guideline questions and prompts.
- Explain the structure of the questions
- Provide explanation / method to facilitate discussion amongst the client.

Note: Aim, objectives and the programme to be conducted will not be explained to the participants to avoid bias. In addition, this will help to 'blind' the participants and ensure validity of the study.

Others

- Reimbursement - based on professional rate – maximum of RM400 per person for all tasks conducted (screening, study measures and focus groups).
- Refreshments.
- Box drink and biscuits.

Appendix 3.12: Protocol for conducting the study measures for psychologists

General approach (when meeting the participants)

- Provide greeting – e.g Assalamulaikum, Good Morning.
- Address participants as Mak Cik, Pak Cik or Mrs / Mr.
- Start with a general remark e.g. 'how are you today?'
- Ensure participant is comfortable, use 'market language' to make participants feel comfortable and create an informal structure for the session'
- State own name and purpose of the meeting. Refer to following discussion with therapist (pre and post experimental).
- Reassure regarding confidentiality and anonymity. State the following sentences to the participant: "Pak Cik / Mak Cik, I will not tell anyone who is not related to the study about what you are going to tell me and there is no way they can identify you from the answers that you will give". Everything you say is confidential, as stressed by Mr. Ehsan'

Venue

- Provide a suitable venue for privacy, feeling of safety and security.
- To abide with cultural and core religious values, participants who are of the opposite sex must be accompanied by staff or students, in an open space, and in proximity to other residents.

Expectations Regarding Ageing (ERA) – 12 questions.

For participants who can read :

- State "Pak Cik/Mak Cik, I am going to give you a question sheet as discussed between you and Mr. Akehsan. The questions are about your expectations towards your future orientation in life. Could you fill up the question sheet?
- Provide participants with the questions.
- Provide a description – read the instruction written in the preamble to the questions.
- Provide examples by reading the first question.
- Sit with the participants (if needed by the participants) or tell participants that you will come back after one hour (adjustable according to the participant's time) to collect the completed question sheets.
- State the time that you will come back to collect the sheet.
- Thank the participants.

For participants who are illiterate

- Tell the participants the following: 'Pak Cik/Mak Cik, I am going read you 12 statements regarding your future expectation in life.
- I need you to answer what you feel regarding the statement, whether the statement is definitely true, somewhat true, somewhat false or definitely untrue' which one is the best that describes your feeling.
- Read question 1
- Wait for the answer. If participants cannot give the answer after one minute, leave the question and go to the next question.
- Accept any refusal to answer the question. Leave the space for answer blank.
- If participants ask for an explanation, ask participants back what he / she thinks about it. This will provide synchronicity with other assessors.
- Ask the rest of the questions (Question 2 – 12).
- Thank the participants after completing the questions.
- Arrange for a date, time, purpose and types of questions that will be discussed in the next session.

General Self efficacy Scale (GSE)

For participants who can read :

- State "Pak Cik/Mak Cik, I am going to give you questions as discussed between you and Mr. Akehsan. There are 10 questions. There are 4 possible answers to the questions: Not at all true, hardly true, moderately true, exactly true. You have to choose the one answer that suits you most. Could you fill up the question sheet?
- Provide participants with the questions.
- Provide a description – read the instruction written to the preamble of the questions.
- Provide examples by reading the first question.
- Sit with the participants (if needed by the participants) or tell participants that you will come back after one hour (adjustable according to the participant's time) to collect the questions.
- State the time that you will come back to collect the sheet.
- Thank the participants

For participants who are illiterate

- Tell the participants the following: 'Pak Cik/Mak Cik, I am going read you 10 statements regarding your ability to solve problems.

- "I need you to answer what you feel regarding the statement. There are 4 possible answers to the questions: Not at all true, hardly true, moderately true, exactly true. You have to choose the one answer that suits you most"
- Read question 1
- Wait for the answer. If participants cannot give the answer after one minute, leave the question and go to the next question.
- Accept any refusal to answer the question. Leave the space for answer blank.
- If participants ask for an explanation, ask participants back what he / she thinks about it. This will provide synchronicity with other assessors.
- Ask the rest of the questions (Question 2 – 10).
- Thank the participants after completing the questions.

Brief version of World Health Organisation Quality of Life (WHOQOL-Bref)

For participants who can read:

- State "Pak Cik/Mak Cik, I am going to give you questions as discussed between you and Mr. Akehsan. These questions are about your condition and your life in this institute. There are four sections. You have to choose the one answer that suit to you most. Could you fill up the question?
- Provide participants with the questions.
- Provide a description – read the instruction written in the preamble to the questions.
- Provide examples by reading the first questions.
- Sit with the participants (if needed by the participants) or tell participants that you will come back after one hour time (adjustable according to the participants time) to collect the questions.
- State the time that you will come back to collect the questions.
- Thank the participants

For participants who are illiterate

- Tell the participants the following: 'Pak Cik/Mak Cik, I am going read you statements regarding your quality of life.
- I need you to answer what you feel regarding the statement. There are 4 possible answers. For example; Not at all true, hardly true, moderately true, exactly true. You have to choose the one answer that suits you most
- Read question 1: give example.

- Wait for the answer. If participants cannot give the answer after one minute, leave the question and go to the next question.
- Accept any refusal to answer the question. Leave the space for the answer blank.
- If a participant asks for an explanation, ask the participant what he / she think about it. This will provide synchronicity with other assessors.
- Repeat the rest of the questions
- Thank the participants after completing the questions.

Note :
For the pre experimental phase, to avoid bias the aim, objectives and the programme to be conducted will not be explained to the participants and the assessors. In addition, this will help to 'blind' the participants and ensure validity of the study.

Appendix 3.13: Information about the study measures

a. Demographic questions.

The demographic questionnaire consists of personal information such as age, gender, marital status, ethnicity, education status, duration of living in the institute, health problems and socialisation with other people living outside the institute. The demographic questionnaires provide basic information about the personal and social characteristics of the participants which will be use for theoretical explanation and justification of the findings.

b. Expectations Regarding Ageing (ERA)

Expectancy Regarding Aging was chosen because the study wants to determine whether there is any change in expectation before and after the intervention. In addition, Bowling & Dieppe (2005) indicate that one of the factors that constitute successful ageing is life expectancy. Furthermore, there is literature that supports the proposition that elderly expectations will influence their health in the future (Goodwin et al, 1999; Levy et al, 2002).

The instrument consists of four domains; physical, mental, cognitive and overall expectation. The time taken to score the instruments is 10 to 12 minutes for the 38 item questionnaires, whilst, 5 minutes is needed to complete the 12 item questionnaires. The mean scores range from 30.6 (physical domain) to 53.3 (mental domain). The Cronbach's alpha exceeds 0.75 (for each domain) and the overall scale had 0.88 and correlated in the same direction and magnitude as ERA-38. The correlation of physical health with age in ERA-12 is $r = -.23$, $p<0.01$; depressive symptoms to mental health domains ($r = -.35$, $p<0.05$). The test-retest interclass correlation coefficient is 0.78 for physical health, 0.83 for mental health and 0.81 for the cognitive scale. The ERA-12 is able to capture 88% of the variations in the ERA-38.

The instrument does not label the expectations as positive or negative, however, the scale provides for higher or lower scores without a cut-off point for what is optimum (Sarkisian et al, 2005). The ERA-12 was translated and the permission to translate the instrument was obtained from the author on 24 March 2008. A back translation technique was used throughout the process and the translated version was proof read by another PhD student.

A copy of the English and Malay version of the SWLS is in **appendix 14(i)**

c. General Self- Efficacy

The initial 20 items of GSES were developed by Jurusalem and Schwarzer in 1979, but this was later reduced to 10 items and adapted to 28 languages (Jurusalem & Schwarzer 2008). The Cronbach's alpha for the scale range from 0.76 to 0.90 with an average of 0.8. The scale is constructed in terms of personality, wellbeing, stress, personal achievement and social relationships (Luszczynska et al, 2005) and has been tested in three different continents involving; economically advanced countries (Germany and United States), a post-communist develop country (Poland) and a developing country in Latin America and Asia (Costa Rica and Turkey).

A copy of the English and Malay version of the GSES is in **appendix 14(ii)**

d. World Health Organisation Quality of Life (WHOQoL)

WHOQol was developed by the WHOQOL group from fifteen international centres to ensure that the measurement is cross-culturally accepted and was translated into 19 different languages. The measurement goes beyond traditional health measurement, i.e. mortality and morbidity, but measures broader concepts of life such as impact of disease, impairment of daily activity and behaviour, perceived health measurement and disability and functional health measurement. The WHOQoL covers 4 main domains and contains 24 facets of QoL , i.e. physical health (7 facets) , psychological status (6 facets), social relationships (3 facets) and environmental factors (8 facets) (The WHOQOL Group, 1998; The WHOQOL group, 1995). The instrument proved to be a valid and reliable measure of the quality of life of older people (Kullmann et al 2007; von Steinbuchel et al, 2006) as it has the psychometric property of Cronbach's alpha at 0.935, and the correlation between facets is significant at $p<0.01$ (Kullmann et al (2007). In addition, study on Taiwanese elderly people indicated that the instruments has good internal consistency (Cronbach's alpha range from 0.73 to 0.81) and intra-observer reliability equal to or higher then 0.58, however, there are missing values on sexual activity and work capacity facets (Hwang et al, 2003). Therefore, these facets will be modified for this project.

Participants may not be able to understand the questions listed in each domain and decide to leave the column provided un-answered. However, Lin (2006) indicates that through simulation analysis, the number of items for imputation or the missing data has a small impact on the accuracy of the data and are not significant.

The English version of WHOQOL-BREF assessment translated to Bahasa will be used for this project. The translated version has internal consistency in the four

domains, ranging from 0.64 (psychological domain), 0.84 (physical domain), 0.65 (psychological domain) and 0.73 (environment domain), whilst the test-retest reliability indicated that the intra-class correlation coefficient ranged from 0.49 to 0.88 (mean = .78) (Hasanah et al, 2003). The translated version was tested on a wide range of people, including patients with psychiatric illness in the community (Hasanah & Razali, 2002).

A copy of the English and Malay version of the WHOQoL-BREF is in **appendix 14(iii)**

e. Interest checklist (IC)

The IC will be used for this project to determine the type of leisure activity that the participants performed in the past and the activities that they want to perform in the future. Ability and opportunity to perform certain preferred activities have an influence on health (Ref). In addition, they have an influence on motivation and self-efficacy (Chang et al, 2007). The checklist will only be used at the pre-experimental stage and will not be part of the main outcome measures. The UK modified version of IC V6.1 by Heasman & Brewer (2008) consisting of nine types of activities will be used. The IC will be further modified to ensure that the choices of the activities will be culturally sensitive and appropriate. Permission to translate and modify the checklist was obtained from the authors and MOHO Clearinghouse on 1st April 2008.

Copies of the English and Malay versions of the IC are in **appendix 14(iv).**

Appendix 3.13(i): Expectations Regarding Ageing (ERA-12). -English and Malay version

1. **<u>Expectations Regarding Ageing (ERA-12) – English version</u>**

This survey has questions about what you expect about aging.

Please check the **ONE** box to the right of the statement that best corresponds with how you feel about the statement. If you are not sure, go ahead and check the box that you think **BEST** corresponds with your feelings.

		Definitely True	**Somewhat True**	**Somewhat False**	**Definitely False**
1	When people get older, they need to lower their expectations of how healthy they can be				
2	The human body is like a car: when it gets old, it gets worn out				
3	Having more aches and pains is an accepted part of aging.				
4	Every year that people age, their energy levels go down a little more				
5	I expect that as I get older I will spend less time with friends and family.				
6	Being lonely is just something that happens when people get old.				
7	Quality of life declines as people age.				
8	It's normal to be depressed when you are old.				
9	I expect that as I get older I will become more forgetful.				
10	It's an accepted part of aging to have trouble remembering names.				
11	Forgetfulness is a natural occurrence just from growing old.				
12	It is impossible to escape the mental slowness that happens with aging.				

2. Harapan terhadap usia (ERA-12) – Malay Version

	Kenyataan	**Sangat benar**	**Agak benar**	**Agak salah**	**Sangat tidak benar**
1	Bila seseorang menjadi tua, mereka perlu menurunkan ekspitasi mengenai kesihatan mereka.				
2	Tubuh badan manusia adalah seperti kereta, bila ia meningkat usia, ia menjadi lusuh / worn-out.				
3	Mendapat kesakitan dan sengal-sengal adalah diterima sebagai sebahagian daripada usia tua.				
4	Setiap tahun usia meningkat, tahap tenaga menurun sedikit.				
5	Saya menjangkakan bila saya menjadi tua, saya akan mengurangkan masa bersama rakan-rakan dan keluarga.				
6	Merasa kesunyian adalah sesuatu yang berlaku bila usia meningkat.				
7	Kerisauan dirasakan lebih apabila usia telah meningkat				
8	Adalah pekara biasa untuk menjadi murung apabila anda menjadi tua.				
9	Saya menjangkakan yang saya akan menjadi bertambah pelupa apabila saya bertambah tua.				
10	Kesukaran untuk mengingati nama seseorang adalah pekara biasa apabila seseorang itu telah meningkat usia.				
11	Menjadi pelupa adalah pekara biasa yang berlaku apabila usia meningkat.				
12	Adalah mustahil untuk mengelakan kelembapan proses mental yang berlaku akibat peningkatan usia.				

Appendix 3.13(ii): General Self-efficacy Scale (GSES)

1. General Self-efficacy – English version.

		Not at all true	Hardly true	Moderately true	Exactly true
1	I can always manage to solve difficult problems if I try hard enough.				
2	If someone opposes me, I can find the means and ways to get what I want.				
3	It is easy for me to stick to my aims and accomplish my goals.				
4	I am confident that I could deal efficiently with unexpected events.				
5	Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6	I can solve most problems if I invest the necessary effort.				
7	I can remain calm when facing difficulties because I can rely on my coping abilities				
8	When I am confronted with a problem, I can usually find several solutions.				
9	If I am in trouble, I can usually think of a solution.				
10	I can usually handle whatever comes my way.				

2. General Self-efficacy – Malay version.

		tidak setuju	agak setuju	hampir setuju	sangat sangat setuju
1	Saya selalu boleh menyelesaikan masaalah sukar jika saya berusaha bersunguh-sunguh untuk mengatasinya.				
2	Jika seseorang menentang saya, saya boleh mencari cara dan jalan untuk mendapatkan apa yang saya mahukan.				
3	Adalah mudah bagi saya untuk memegang matlamat dan mencapai tujuan saya.				
4	Saya yakin saya boleh menghadapi pekara-pekara diluar jangkaan dengan cekap.				
5	Dengan sumber yang saya ada, saya tahu untuk menghadapi situasi diluar jangkaan.				
6	Saya boleh mengatasi masaalah jika saya berusaha bersunguh-sunguh.				
7	Saya boleh betenang bila menghadapi kesulitan sebab saya boleh mengharapkan kebolehan saya mengatasi sesuatu.				
8	Saya biasanya boleh mencari pelbagai jalan penyelesaian jika saya berjadapan dengan masaalah.				
9	Jika saya menghadapi masaalah, saya biasanya boleh memikirkan jalan penyelesaian.				
10	Saya biasanya boleh menangani apa jua yang datang.				

3. Indonesian Adaptation of the General Self-Efficacy Scale

   By Aristi Born, Ralf Schwarzer & Matthias Jerusalem, 1995

		tidak setuju	agak setuju	hampir setuju	sangat sangat setuju
1	Pemecahan soal-soal yang sulit selalu berhasil bagi saya, kalau saya berusaha.				
2	Jika seseorang menghambat tujuan saya, saya akan mencari cara dan jalan untuk meneruskannya				
3	Saya tidak mempunyai kesulitan untuk melaksanakan niat dan tujuan saya				
4	Dalam situasi yang tidak terduga saya selalu tahu bagaimana saya harus bertingkah laku.				
5	Kalau saya akan berkonfrontasi dengan sesuatu yang baru, saya tahu bagaimana saya dapat menanggu-langinya				
6	Untuk setiap problem saya mempunyai pemecahan.				
7	Saya dapat menghadapi kesulitan dengan tenang, karena saya selalu dapat mengandalkan kemampuan saya				
8	Kalau saya menghadapi kesulitan, biasanya saya mempunyai banyak ide untuk mengatasinya.				
9	Juga dalam kejadian yang tidak terduga saya kira, bahwa saya akan dapat menanganinya dengan baik				
10	Apapun yang terjadi, saya akan siap menanganinya.				

Appendix 3.13(iii): WHOQoL – User agreement, English and Malay Version.

1. User Agreement for WHOQOL Bref and related materials

This agreement is between the World Health Organization ("WHO") and Akehsan Dahlan. WHO hereby grants User a nonexclusive, royalty free license to use the World Health Organization Quality of Life Questionnaire and/or related materials (hereafter referred to as "WHOQOL Bref") in User's study outlined below. The term of this User Agreement shall be for a period of 1 year, commencing on the date 1st July 2008 .

The approved study for this User Agreement is:

Study Title	The development and testing of the Lively Later Life Programme (3LP) for institutionalized elderly people in Malaysia
Principal Investigator	Akehsan Dahlan
Sample characteristics	Elderly people in the institution in Malaysia, aged 60 and above, independent in basic self-care, able to write and read in English or Bahasa, scores 22 and above in Mini Mental State Examination and scores below seven in the Geriatric Depression Scale.
Sample size	128 elderly participants.
Treatment Intervention	Lively Later Life Programme (3LP)
Total number of assessments	5
Assessment time points	Pre-experimental phase – October 2008 Post-experimental phase – July 2009
WHOQOL Bref version	26 items.
Other measures	Canadian Occupational Performance Measures. Self-efficacy scale Expectation Regarding Aging Satisfaction with life scale

This User Agreement is based upon the following conditions:

1. User shall not modify, abridge, condense, translate, adapt, recast or transform the WHOQOL Bref in any manner or form, including but not limited to any minor or significant change in wording or organization, or administration procedures, of the WHOQOL Bref. If User thinks that changes are necessary for its work, or if translation is necessary, User must obtain written approval from WHO in advance of making such changes.

2. User shall not reproduce WHOQOL Bref except for the limited purpose of generating sufficient copies for its own uses and shall in no event distribute copies of the WHOQOL Bref to third parties by sale, rental, lease, lending, or any other means. In addition, User agrees that it will not use the WHOQOL Bref for any purpose other than conducting studies as specified above, unless agreed in writing by WHO. In any event, the WHOQOL Bref should not be used for research or clinical purposes without prior written authorization from WHO;

3. User agrees to provide WHO with an annual update regarding activities related to the WHOQOL Bref.

4. User agrees to provide WHO with a complete copy of User's raw data and data code books, including the WHOQOL Bref and any other instruments used in the study. This data set must be forwarded to WHO upon the conclusion of User's work. While User remains the owner of the data collected in User's studies, these data may be used in WHO analyses for further examining the psychometric properties of the WHOQOL Bref. WHO asserts the right to present and publish these results, with due credit to the User as the primary investigator, as part of the overall WHOQOL Bref development strategy.

5. WHO shall be responsible for preparing and publishing the overall WHOQOL Bref results under WHO copyright, including:

a. the overall strategy, administrative set-up and design of the study including the instruments employed;
b. common methods used by two or more Users;
c. the data reported from two or more Users ;
d. the comparisons made between the data reported from the Users;
e. the overall findings and conclusions.

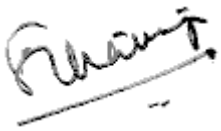
6. User shall be responsible for publications concerning information developed exclusively by User and methods employed only by User. Publications describing

results obtained by User will be published in User's name and shall include an acknowledgement of WHO. User agrees to send to WHO a copy of each such paper prior to its submission for publication.

7. WHO may terminate this User Agreement at any time, in any event. Should WHO terminate this User Agreement, User shall immediately cease all use of the WHOQOL Bref and destroy or return all copies of the WHOQOL Bref. In the event of such termination, all other collateral materials shall be destroyed and no copy thereof shall be retained by User. Notwithstanding the return or destruction of the WHOQOL Bref and its collateral materials, User will continue to be bound by the terms of this User Agreement.

8. It is understood that this User Agreement does not create any employer/employee relationship. User and its affiliates are not entitled to describe themselves as staff members of WHO. User shall be solely responsible for the manner in which work on the project is carried out and accordingly shall assume full liability for any damage arising therefrom. No liability shall attach to WHO, its advisers, agents or employees.

Please confirm your agreement with the foregoing by signing and returning one copy of this letter to WHO, whereupon this letter agreement shall become a binding agreement between User and WHO.



WHO:

Dr. Somnath Chatterji

Measurement and Health Information Systems (MHI)

World Health Organization

Avenue Appia

Geneva 27

CH 1211 Switzerland

Date:

USER:

By: Akehsan Dahlan

Title: The development and testing of the Lively Later Life Programme (3LP) for institutionalized elderly people in Malaysia

Institution: Queen Margaret University College, East Lothian, EH21 6UU,

Address: Block H, 2/3 Room C, Student Residencies, Queen Margaret University, Musslebrough, EH21 6UD

Date: 1 July 2007

WHOQOL-BREF

		Sangat tidak baik	Tidak baik	Sederhana	Baik	Sangat baik
1(G1)	Bagaimanakah anda menilai kualiti kehidupan anda?	1	2	3	4	5

		Sangat tidak berpuas hati	Tidak berpuas hati	Sederhana	Berpuas hati	Sangat Berpuas hati
2(G4)	Setakat manakah anda berpuas hati dengan kesihatan anda?	1	2	3	4	5

Soalan-soalan berikutnya bertanyakan tentang berapa banyakkah anda telah mengalami sesuatu perkara **dalam dua minggu yang lepas.**

		Tiada langsung	Sedikit sahaja	Sederhana	Sangat banyak	Teramat banyak
3(F1.4)	Setakat manakah anda berasa kesakitan (fizikal) menghalang anda dari melakukan apa yang anda perlu lakukan?	1	2	3	4	5
4(F11.3)	Berapa banyakkah rawatan perubatan yang anda perlu untuk berfungsi dalam kehidupan harian anda?	1	2	3	4	5
5(F4.1)	Berapa banyakkah anda menikmati keseronokan dalam hidup anda?	1	2	3	4	5
6(F24.2)	Setakat manakah anda rasa hidup anda bermakna?	1	2	3	4	5

		Tiada langsung	Sedikit sahaja	Sederhana	Sangat	Teramat
7(F5.3)	Berapa baikkah anda dapat memberi tumpuan?	1	2	3	4	5
8(F16.1)	Berapa selamatkah anda rasa dalam kehidupan seharian anda?	1	2	3	4	5

9(F22.1)	Berapa sihatkah persekitaran fizikal anda?	1	2	3	4	5

Soalan-soalan berikutnya bertanyakan **bagaimana sempurnanya** anda mengalami atau berupaya melakukan sesuatu perkara dalam **dua minggu yang lepas.**

		Tiada langsung	Sedikit sahaja	Sederhana	Kebanyak - kannya	Sepenuhnya
10(F2.1)	Adakah anda mempunyai cukup tenaga untuk kehidupan harian anda?	1	2	3	4	5
11(F7.1)	Adakah anda dapat menerima rupa dan bentuk tubuh anda?	1	2	3	4	5
12(F18.1)	Adakah anda mempunyai wang yang cukup untuk memenuhi keperluan anda?	1	2	3	4	5
13(F20.1)	Setakat manakah kemudahan bagi anda untuk mendapatkan maklumat yang diperlukan dalam kehidupan harian?	1	2	3	4	5
14(F21.1)	Setakat manakah anda mendapat peluang untuk aktiviti riadah?	1	2	3	4	5

		Sangat Tidak baik	Tidak baik	Sederhana	Baik	Sangat baik
15(F9.1)	Sebaik manakah keupayaan anda bergerak dari satu tempat ke satu tempat yang lain?	1	2	3	4	5

Soalan-soalan berikut bertanyakan tentang perasaan anda terhadap beberapa aspek tertentu dalam kehidupan anda **sepanjang dua mingggu yang lepas**.

		Sangat tidak berpuas hati	Tidak Berpuas hati	Sederhana	Berpuas hati	Sangat Berpuas hati
16(F3.3)	Adakah anda berpuas hati dengan tidur anda?	1	2	3	4	5
17(F10.3)	Adakah anda berpuas hati dengan keupayaan anda melaksanakan aktiviti kehidupan harian anda?	1	2	3	4	5
18(F12.4)	Adakah anda berpuas hati dengan keupayaan anda bekerja?	1	2	3	4	5
19(F6.3)	Adakah anda berpuas hati dengan diri anda?	1	2	3	4	5
20(F13.3)	Adakah anda berpuas hati dengan perhubungan peribadi anda?	1	2	3	4	5
21(F15.3)	Adakah anda berpuas hati dengan kehidupan seks anda?	1	2	3	4	5
22(F14.4)	Adakah anda berpuas hati dengan sokongan yang anda dapati dari kawan-kawan anda?	1	2	3	4	5
23(F17.3)	Adakah anda berpuas hati dengan keadaan tempat tinggal anda?	1	2	3	4	5
24(F19.3)	Adakah anda berpuas hati dengan kemudahan mendapatkan perkhidmatan kesihatan ?	1	2	3	4	5
25(F23.3)	Adakah anda berpuas hati dengan pengangkutan anda?	1	2	3	4	5

Soalan berikut merujuk kepada kekerapan anda merasa atau mengalami sesuatu emosi **sepanjang dua minggu yang lepas.**

		Tidak pernah	Jarang-jarang	Kerap	Sangat kerap	Sentiasa
26(F8.1)	Berapa kerapkah anda mempunyai perasaan-perasaan negatif, seperti susah hati, kecewa, kegelisahan atau kemurungan?	1	2	3	4	5

Appendix 3.13(iv): Interest checklist

1. **<u>Interest Checklist - English Version.</u>**

INTEREST CHECKLIST (UK)								
Category		**Activity**	**Degree of Interest**			**Participation?**		
			Strong	Some	None	Past	Present	Future
1	**Health & Fitness**	Aerobics / Gym						
		Cycling						
		Running / Jogging						
		Roller blading / Ice Skating						
		Swimming						
		Yoga / Tai Chi…..						
Other Health and fitness								
2	**Sports**	Athletics						
		Basketball / Netball						
		Bowling						
		Cricket / Baseball / Rounders						
		Darts						
		Football / Rugby / Hockey						
		Golf						
		Martial Arts / Boxing / Fencing						
		Pool / Snooker						
		Spectator Sports						
		Table Tennis						
		Tennis / Squash / Badminton						
Other Sports								
3.	**Creative**	Amateur Dramatics						
		Crafts / Needlework						
		Fashion: incl Clothes / Hair / Cosmetics						
		Making music – incl. instrument, DJ'ing….						
		Model Building						
		Painting / Drawing						

		(Art)						
		Photography						
		Pottery						
		Singing						
		Writing: letters / poems / stories						
		Woodworking – incl. Picture Framing, Furniture Restoration						
Other Creative								
4.	**Productivity - at home**	Car Repair						
		Cooking / Baking						
		Gardening – incl Indoor Plants						
		Mending / DIY						
		Pet ownership						
Other Productivity at home								
5.	**Leisure- at home**	Board games – chess, scrabble etc.						
		Collecting						
		Computing – games / pc / internet						
		Listening to music						
		Playing cards						
		Puzzles / Crosswords						
		Radio						
		Reading						
		Television / Video						
Other Leisure at home								
6.	Social:	Clubs: Social / Nightclubs						
		Eating out						
		Faith-related activities						
		Inviting / visiting friends / family						
		Pubs / bars						
		Voluntary work						
Other social:								
7.	Outdoor	Bird watching /						

	Pursuits	Wildlife						
		Camping						
		Climbing						
		Ecology / Conservation						
		Fishing						
		Horse riding						
		Walking						
		Water Sports incl. canoeing / rowing						
Other outdoor pursuits								
8.	Out and About / Entertainment	Bingo						
		Cinema						
		Concerts /Theatre						
		Dancing						
		Driving						
		Jumble/car boot sales/charity shops						
		Museums / art galleries						
		Places of interest / day trips						
		Shopping (incl. Markets)						
		Traveling / Holidays						
Other out and about:								
9.	**Educational**	Antiques						
		Courses / adult education						
		Foreign Languages						
		History						
		Politics / Philosophy						
		Science						
		Speeches / Lectures						
Other educational								

2. <u>Interest checklist – Malay version.</u>

SENARAI MINAT (MALAYSIA)								
Ketegory		**Activiti**	**Tahap minat**			**Penyertaan ?**		
			Sangat minat	Sedikit	Tidak minat	Masa dahulu	Pada masa ini	Pada masa hadapan
1	**Kesihatan & Kecergasan**	Aerobics / Gym						
		Berbasikal						
		Berlari						
		Berjalan						
		Berenang						
		Yoga / Tai Chi…..						
Lain-lain aktiviti kesihatan dan kecergasan								
2	**Bersukan**	Athletik						
		Basketball / Netball						
		Bowling						
		Darts						
		Bolasepak / hoki						
		Golf						
		Pool / Snooker						
		Spectator Sports						
		Ping-pong						
		Tennis / Squash / Badminton						
Lain-lain jenis sukan								
3.	**Kreatif**	Berlakon secara amatur						
		kerjatangan / Needlework						
		Melukis						
		Mengambil gambar						
		Kerja tanah liat						
		Menyanyi						
		Penulisan : menulis surat, sajak, saier						
		Kerjakayu -						

		membuat perabut dll						
Lain-lain aktiviti kreatif								
4.	**Produktiviti – diRSK**	Memperbaiki kenderaan						
		Memasak						
		Bercucuk tanam / menanam						
		Mending / DIY						
		Menjaga haiwan kesayangan						
Lain-lain produktiviti di RS								
5.	**Riadah – di RSK**	Permainan papan – dam haji, chess, scrabble dll.						
		Mengumpul – stem						
		Computer – melayari internet / permainan video						
		Mendengar muzik						
		Permainan kad						
		Membuat teka silangkata						
		Mendengar Radio						
		Membaca						
		Television / Video						
Lain-lain aktiviti radah di RSK								
6.	**Aktiviti sosial**	Aktiviti berkaitan keugamaan						
		Menziarah keluarga / rakan-rakan						
		Kerja sukarela						
Lain-lain aktiviti sosial								
7.	**Aktiviti luaran**	Memerhati haiwan						
		Kamping						
		Penjagaan alam sekitar						

		Memancing						
		Berjalan						
Lain-lain aktiviti luaran								
8.	**Aktiviti hiburan**	Bingo						
		Menonton wayang						
		Menonton TV						
		Memandu						
		Melawat Museums / galeri lukisan						
		Tempat menarik						
		Membeli-belah						
		Berjalan / melancong						
Lain-lain								
9.	**Pelajaran**	Menghadiri kursus / pelajaran						
		Mempelajari bahasa asing						
		Politik						
		Mengkaji Sejarah						
		Mempelajari sains						
		Memberi ceramah						
Lain-lain aktiviti pelajaran								

Appendix 3.14: Protocol to determine sample size for the study (Priori method)

Step 1: as illustrated in Figure 1.

1. Determine test family and statistical test (Wilcoxon Sign Rank Test).
2. Determine type of power analysis (A priori method). To compute sample size by given the α, power and effect size. It was determine the α is 0.05, power of 80% (1- β), and effect size of 0.03.
3. Click 'determine'.
4. Determine sample size needed is 368.

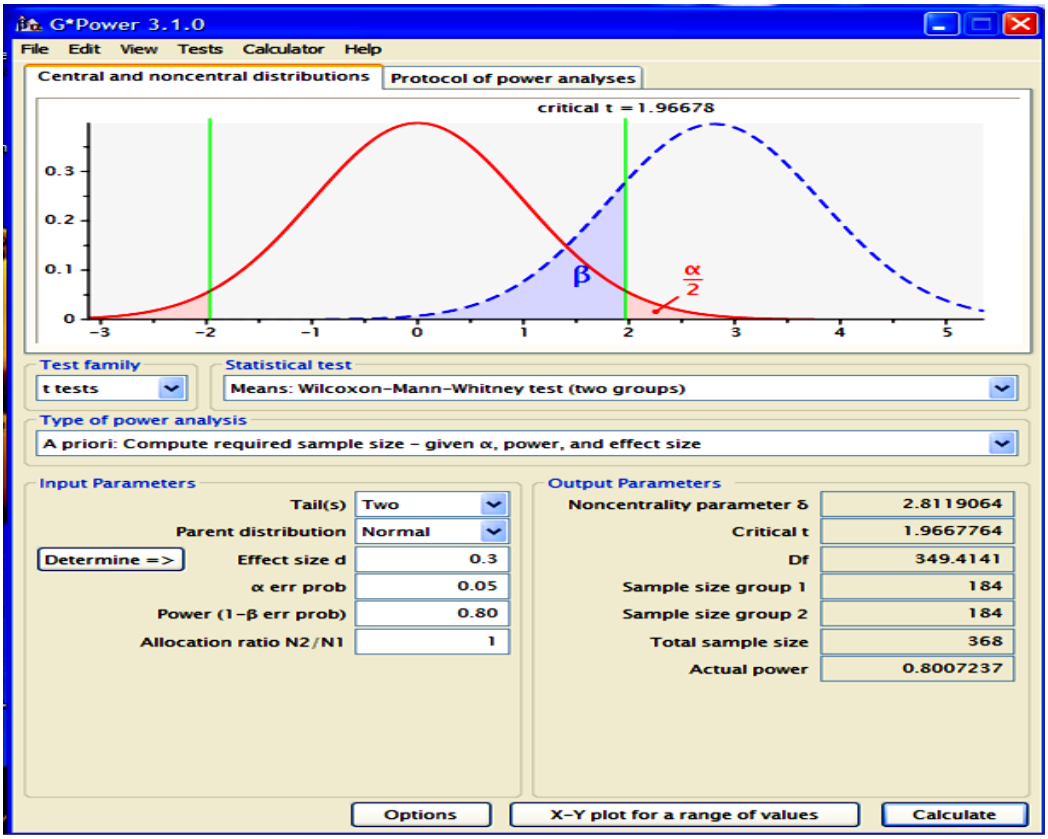


Figure 1 : Determine sample size base on prior method.

Steps 2 : Plot graph for power and sample size.
(as illustrated in Figure 2).

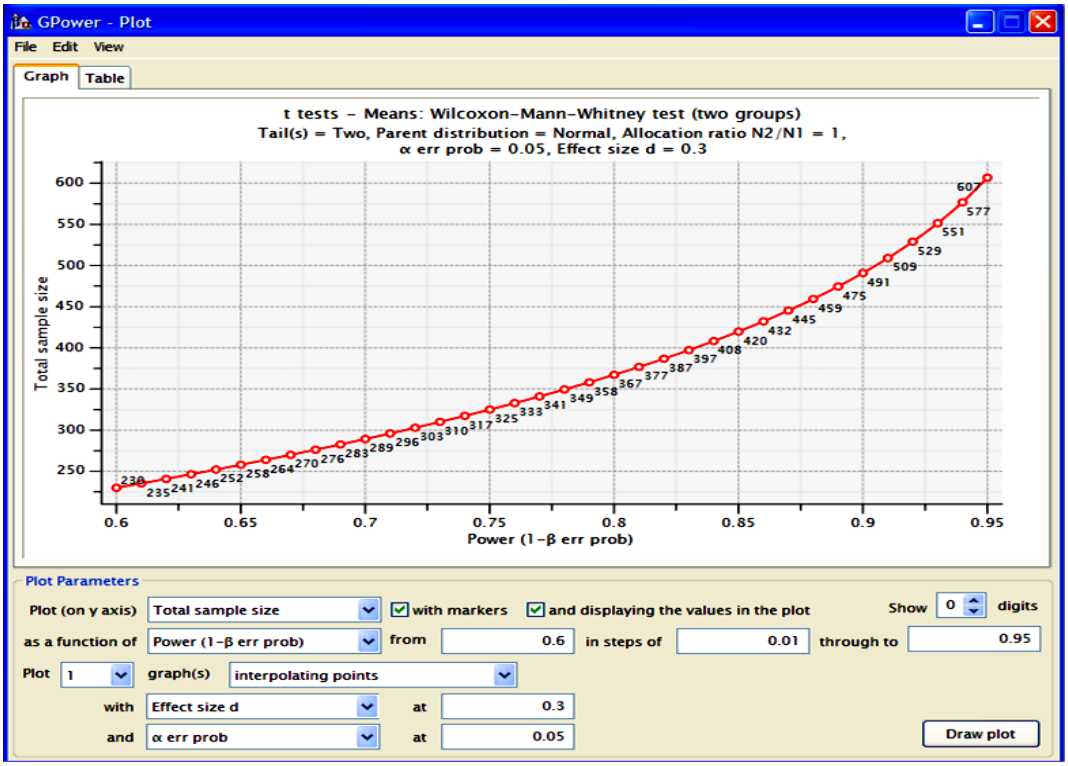


Figure 2: Plot for power and sample size.

Steps 3:

Draw protocol for power analysis.

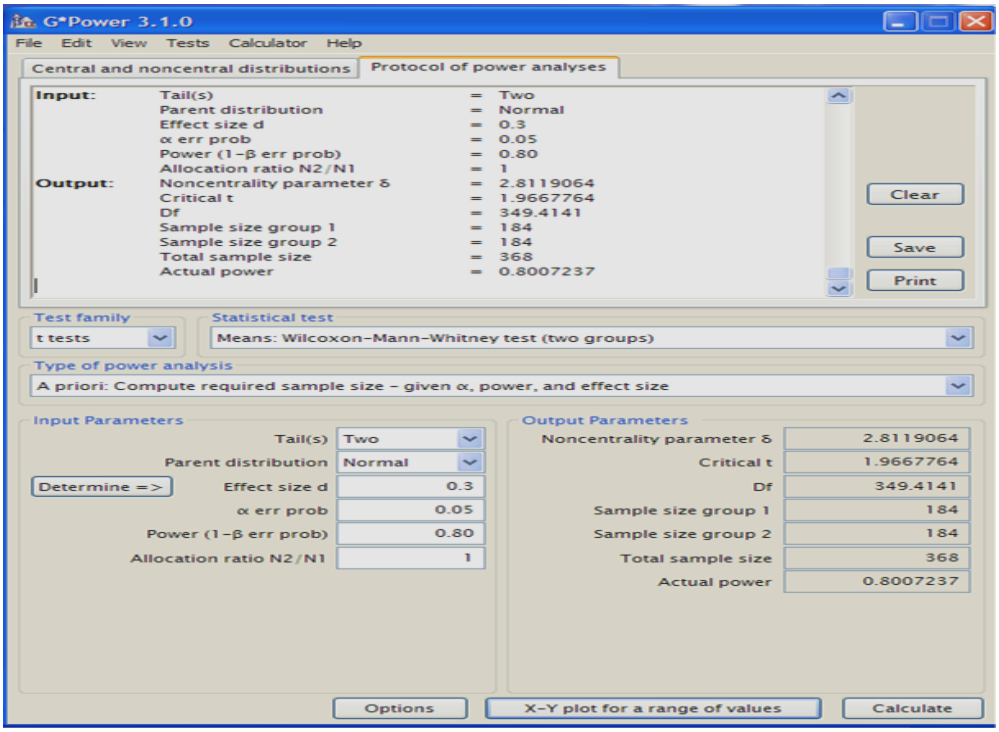


Figure 3: Protocol for power analysis.

Therefore, base priori method on G*Power calculation analysis, a sample size of 368 is needed to test hypothesis at 0.05 level (2-tailed) which will give a power equivalent of 90% in detecting a population effect size of 0.3 or greater.

Protocol to determine power base on sample size available. (Compromise method).

Step 1: as illustrated in Figure 1.

Determine test family and statistical test (Wilcoxon Sign Rank Test).
Determine type of power analysis (A compromise method).
Insert effect size, β / α and sample zize.
Click 'determine'.
Power of study as a result of compromise sample size is 0.65 (70%).

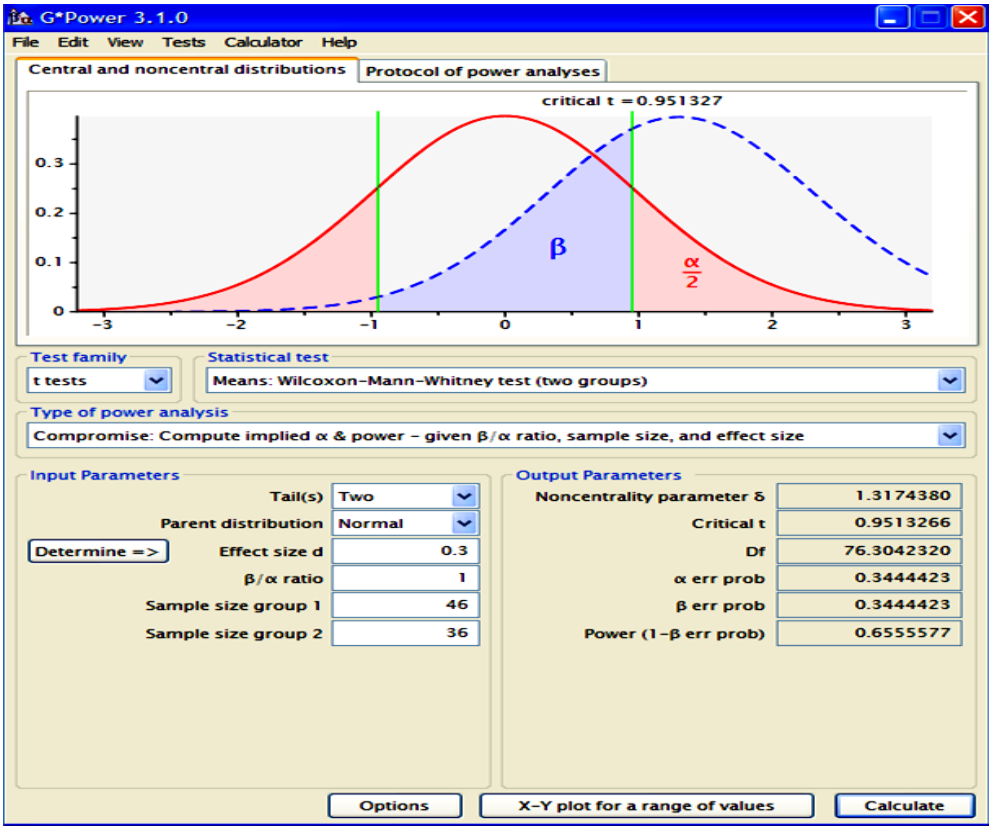


Figure 4 : power base on sample size.

Steps 2 : Plot graph for power and sample size.
(as illustrated in Figure 2).

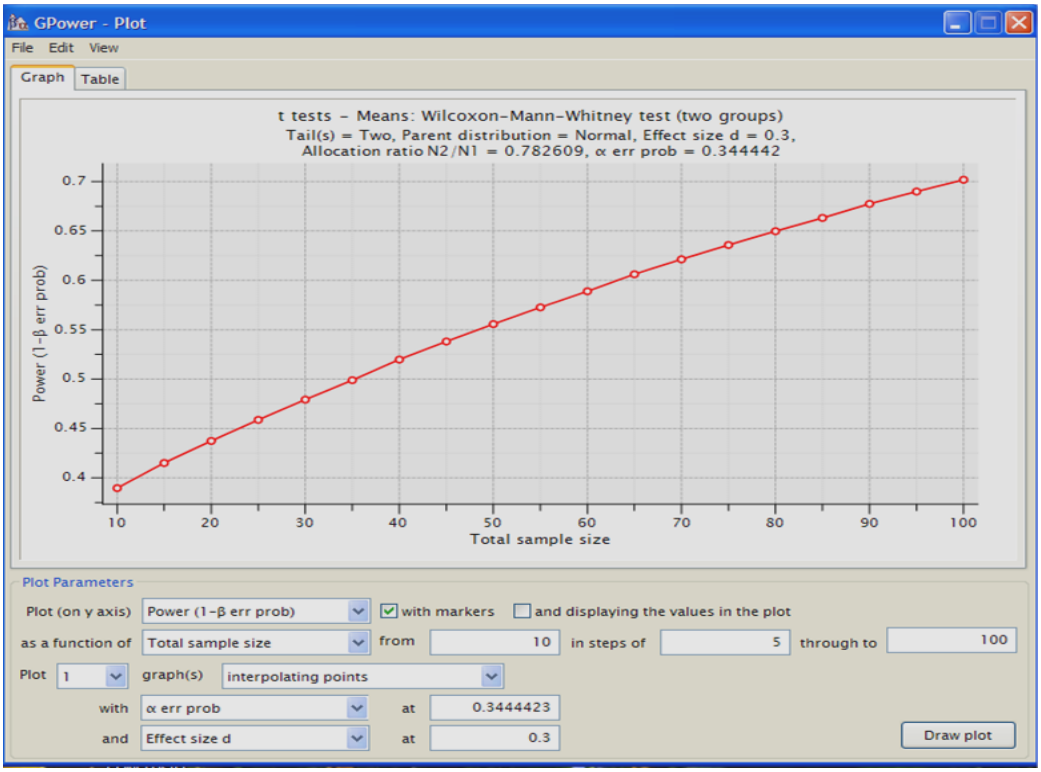


Figure 5: Plot power and sample size.

Steps 3: Draw protocol for power analysis.

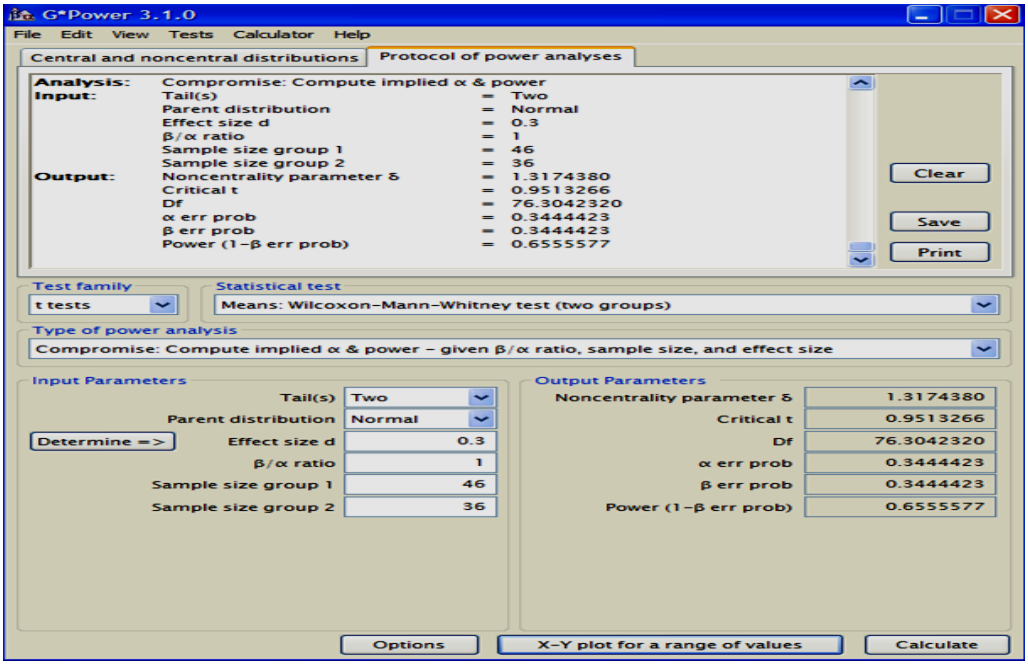


Figure 6: Protocol for power base on sample size.

Therefore, according to compromise method on G*Power calculation analysis, base on the effect size of medium (0.5), beta/alpha ratio is 1, the significant value p is increased to 0.295 with power of 0.65 (65%).

Appendix 3.15: Protocol for randomisation

(using Randomised Allocation Software - Saghaei, 2004[1])

Aim of the protocol:

To provide randomisation for participants.

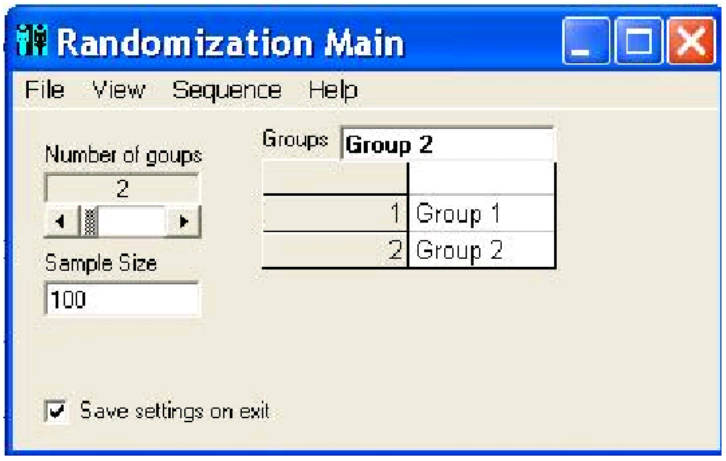
Method :

1. List all name of the participants who consents to the study (male and female) who are fit into the inclusion criteria and Scores of 22 and above Mini Mental State Examination (MMSE) and scores below seven in Geriatric Depression Scale (GDS).

2. Provide them with a unique identifier eg. Number 01 to 82

3. Open Random Allocation Software.

4. Enter number of group = 2 as below.



5. Enter sample size = 82

6. In groups, write 1 = Experimental, 2 = Control

7. Click generate button.

8. Option window will appear

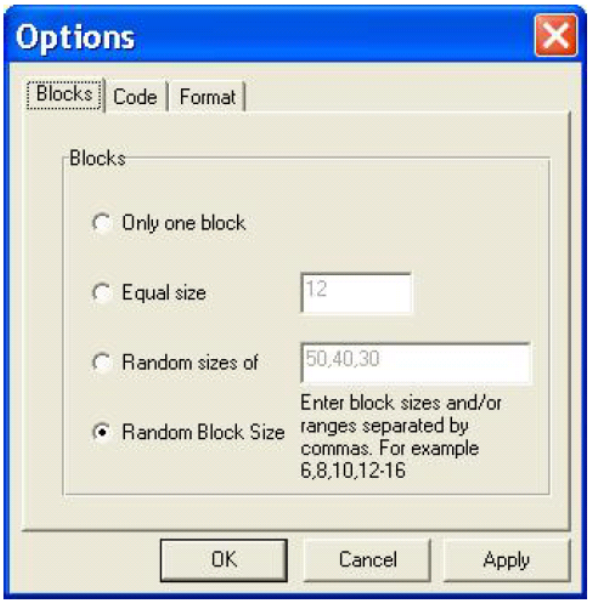


Figure 2
Options window: Blocks. Options window, settings for block design.

9. In Blocks , tick equal size and put 41 in the box (82/2)

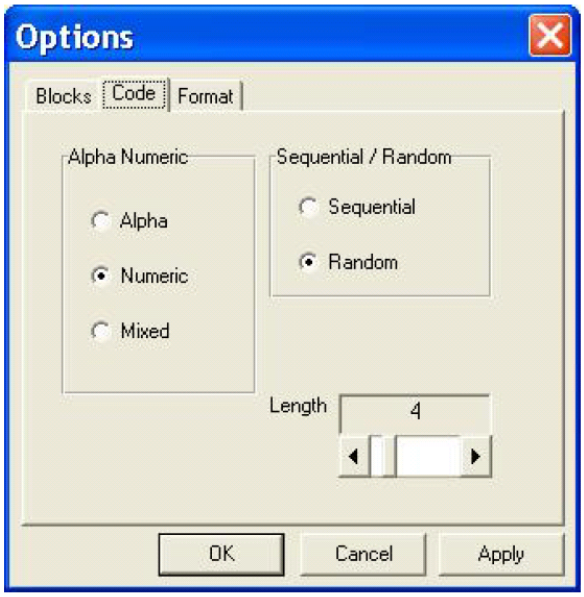


Figure 3
Options window: Code. Options window, setting the format of unique identifier (UI) specified in the program as Code.

10. In Code, tick numbrical, in sequential / random, tick random

11. Clicks apply and ok.

12. Software will generate two groups according to the unique identifier.

Table 2: The same setting as in table 1, but with the numeric UIs in random order

288: Case	200: Control	462: Placebo	775: Case
644: Control	437: Case	448: Case	622: Control
278: Placebo	364: Control	523: Control	327: Control
427: Case	525: Control	837: Case	514: Placebo
146: Placebo	796: Case	804: Placebo	610: Case
383: Placebo	208: Control	581: Control	167: Placebo
493: Placebo	862: Placebo	181: Control	
484: Case	079: Case	254: Placebo	

13. Transfer the result into the main sheets, identify the participants and allocate them into the group assigned (Control or experimental group)

References

Saghaei, M (2004[1]) Random Allocation Software. [Online] Available from < http://mahmoodsaghaei.tripod.com/Softwares/randalloc.html> [Access April 3 2008]

Saghaei, M (2004[2]) Random allocation software for parallel group randomized trials. BMC Medical research Methodology. 4(26). [Online] Available from < http://www.biomedcentral.com/content/pdf/1471-2288-4-26.pdf> [Accessed April 12 2008]

Appendix 3.16: The choice for statistics

1. **<u>Demographic questions</u>**

No	Question	Data type	Types of descriptive analysis
1	Question 1	Continuous variable	Measures of central tendency and variability – median and interquantile range (IQR) Recode to display the frequency distributions.
2	Question 2	Categorical variable	Frequency distribution – number and percent.
3	Question 3	Categorical variable	Frequency distribution – number and percent
4	Question 4	Categorical variable	Frequency distribution – number and percent
5	Question 5	Categorical variable	Frequency distribution – number and percent
6	Question 6	Categorical variable	Frequency distribution – number and percent
7	Question 7	Categorical variable	Frequency distribution – number and percent
8	Question 8	Continuous variable	Frequency distribution – number and percent
9	Question 9	Categorical variable	Frequency distribution – number and percent
10	Question 10	Continuous variable	Measures of central tendency and variability – median and IQR
11	Question 11	Categorical variable	Frequency distribution – number and percent
12	Question 12	Continuous variable	Measures of central tendency and variability – median and IQR Recode to display the frequency distributions.

2. Study measures.

No	Question	Data type	Types of descriptive analysis
1	Expectation Regarding Ageing (ERA), General Self-Efficacy (GSE), World Health Organisation Quality of Life (WHOQoL)	Continuous variable	Measures of central tendency and variability – median and IQR Box plots for experimental and control groups. Test for normality – Shapiro-Wilk test Differences between the experimental group and control group (pre and post experiment) – Mann-Whitney U test. Hypothesis testing – Wilcoxon signed rank test, alpha level of 0.05, 95% CI. Standard mean differences for Effect size – Cohen's *d* ($z / \sqrt{n}$).

Appendix 3.17: Time schedule

The date for research process is indicated in the table below.

PHASES	STAGES	MAIN ACTIVITIES
PHASE 1: Pre-experimental phase	Stage 1	Seeking ethical approval (QMU approval – 19 March 2008) (DOSW, Malaysia – 16 Sept 2008)
	Stage 2	Observation, orientation, recruitment and screening Interview and observation – 6 – 13 October 2008 (2 weeks) Screening by student nurse (28-31 October 2008)
	Stage 3	Focus groups (3 – 8 November 2009) Pre experimental evaluation (study measures) – 10 -15 November 2008.
	Stage 4	Randomisation and concealment (15 November 2008)
PHASE 2: Experimental phase	Stage 5	Conducting the intervention (3LP) – 6 months. (December 2008 – June 2009)
PHASE 3 : Post-Experimental phase	Stage 6	Post experimental evaluation (study measures) – 25 – 10 June 2009)
	Stage 7	Focus groups (1 – 5 June 2009).

Appendix 3.18: Characteristics of the participants in Pre experimental focus groups

Pre experimental Focus Groups – Group 1 Female (60 – 75 year old).

No	Group	Age (Years)	Duration in Inst. (months)	Brief individual characteristics
3	1F	71	12	71 yr old window, study until standard 5, able to read Arabic, independent in ADL, able to walk independently. No major health conditions, admitted to institution by children. Not in touch with children, feel isolated and lonely, missing children. Occupation prior relocation – no paid occupations, self-sustained life with local vegetation, . said 'no choice' living in institution. Lack of engagement in occupations, waiting for meal time, no plan for the future.
4	1F	71	5	71 yr old single female, admitted to institution by DOSW, brother is in institution too, had osteoarthritis, knee pain, diabetes and hypertension. Walk slowly and independent in ADL, Slightly overweight, feel 'alienated' by other residents, not mixing well, feel isolated, look depressed, often visited by her sister.
5	1F	62	60	Abandoned by family members, converted to Islam, Single, diagnosed as HIV positive through blood transfusion, independent in ADL, no family members visited. Seems adjusted and happy living in the institution. Engaging in craft activities (door mat), no other occupations conducted, not active in outdoor and indoor activities.
6	1F	64	36	Single, diabetic, independent in ADL, many friends outside the institute. Often visited by family members (sisters), no specific occupations conducted in the institution, just 'waiting for meal time', Complained feel lethargic and tired most of the time, disturbance of sleep,

				socializing well with other residents.

Pre experimental Focus Groups – Group 1 Male (60 – 75 year old).

No	Group	Age (Years)	Duration in Inst. (months)	Brief individual characteristics
1	1M	75	48	Widowed, never go to school, no major health problem, keep in touch with children, visited by children. Happy living in the institution, feel respected by other people (staff and other students who comes for attachment), feel board, used to work 'hard' prior relocation and often help other people in his village until he had a fracture.
2	1M	65	12	65 year old man, single. Reason for admission – 'no other place to go', used to stay with his brother. Come from religious background. Enjoy living in the institution, feel ' free' and don't have to work hard to obtain basic need such as food, no pressure, no specific occupations conducted. Stressed feel 'confined'.
3	1M	68	24	Single; never go to school, no major health problem, no contact with family members. Able to read and write in Arabic, can write and read slowly in Bahasa. Was re located by DOSW due to improvised living prior relocation. Stressed that he enjoy living in the institution, from benefits obtained. Stressed that he feel bored, 'not healthy', '*darah tak jalan'* (lak of blood circulations). Work as 'traditional healer' and masseurs. Like to continue occupations.
4	1M	64	24	64 year old married man with two children. School until standard 6, able to read and write in Bahasa. Was admitted by children. Independent in ADL, no physical illness or other major illness. Previously work odd jobs in rural area – helping other people. Felt contented living in the

				institution, feel 'relaxed' and 'no pressure' to find food. Happy with socialization with other residents and staff. Feel respected. Complained feel 'l*esu*' and tired all time.
5	1M	68	26	Single man, school up to standard 6, had CVA before, able to walk with crutches, independent in ADL activities, active individual. Able to read and write in Bahasa. No contact with previous friends and family members. Very active individual prior CVA, participated in competitive sports such as marathon. Likes to sings and going out. Feel 'trapped' and unable to see 'outside' the institution.

Pre experimental Focus Groups – Group 2 Male (above 75 year old).

No	Group	Age (Years)	Duration in Inst. (months)	Brief individual characteristics
1	2M	78	26	Widowed, school up to standard 6, 2 health problem, diabetes, shortness of breath, COPD, in touch wt family members. Was relocated by other people (neighbors and other villagers), Fell happy living in the institution. Independent in ADL, no specific occupation engaged in the institution. Stated that he rested most of the time while waiting for meal time. Likes to engage in occupations like going out of the institution.
2	2M	79	60	Widowed, study up to standard 6, able to read, two health problem, arthritis and COPD, independent in ADL, able to walk with steady gait. Relocated to institution by children. Feel happy living in the institution, contented with hospitality and relationship with residents and staff. No specific occupations conducted, 'ikut ares. (following the flow), feel bored, ' '*serah pada nasib'* (surrender to fate).
3	2M	85	35	85 year old widow, never finish school (standard

				2), unable to read and write, independent in ADL, looks healthy inspite of diagnosed as DM and Hypertension, happy living in the institution and obtaining benefits such as food and shelter. Seems adjusted with the institution, accept his conditions and 'fate'' that determine him live in the institution. Wishing for opportunity to engage in religious related activities. Said that he is 'old' and 'going to die soon'.
4	2M	84	12	Married, never go to school, no major health complains accept the knee pain, not in touch with children and no one visiting him, independent in ADL. Feel happy living in the institution, likes to walk around the institution, stated that he likes to walk out of the institution.
5	2M	80	24	Widowed, school up to standard 6, COPD, diabetes, no family members in touch, independent in ADL.
6	2M	76	2	Married with 5 children, school up to standard 6, COPD and knee pain, in touch with children. Look frail, walk with walking sticks and unsteady gait, and often sleeps during the day. Feel un happy living in the institution, wants to go home, enjoys the benefits of living in the institutions.

Pre experimental Focus Groups – Group 2 Female (above 75 year old).

No	Group	Age (Years)	Duration in Inst. (months)	Brief individual characteristics
1	2F	80	14	Widowed, school until standard 2 (primary school), sent to institution by children, has diabetes and hypertension, no visits from children, family members and friends. Looks 'sad' , not socializing well with other residents, like to keep by herself. Said she is ;sad' because children send her to the institution, wants to go home and live by herself,

				feel powerless with the situations (living in the institutions), have to accept fate and contented with benefits obtained in the institutions.
2	2F	86	43	Single, never go to school, no major health problems accept slight pain when walking, not in touch with family members and friends. Feel abandoned by family members and was relocated by DOSW due to living in improvised environment. Feel happy and contented with current conditions, feel 'no options.. no specific occupations conducted during the day, just 'eat' and sleep'. Feel bored and tired, often sleep during the day.
3	2F	86	10	Married, never go to school, have two major health conditions; diabetes and hypertension. Used to worked in oil palm plantation. She said she rested most of the time , 'nothing to do', feel lethargic and restless.
4	2F	83	4	Married, never go to school, have tow medical conditions, arthritis and COPD, in touch with children.
5	2F	85	35	Married, go to school up to standard 6, two medical conditions, knee pain, diabetes and hypertension on medication, keep in touch with children.

Keys F = Female, M = Male,

Appendix 3.19: Protocol for conducting focus groups

The roles of the moderators during the session are as stated below (Adapted from Krueger, 1998; and McLafferty, 2004; Loeb, 2006):

- Physical preparation for the session which include the participants' seating arrangements and preparation for an environment conducive to effective discussion as shown in Figure 1.
- Inform the participants about: the ground rules, the process of the focus group, the use of audio recording, the rights of the participants, the purpose of the focus groups, give assurance of privacy and anonymity, the role of moderator and the role of participants.
- Deliver the list of questions prepared to the participants, provide prompts and encouragement when needed.
- Facilitate discussion amongst the participants and take a "neutral" position throughout the focus group meeting. Encourage participants to relate their experiences, express their concerns and feelings and ensure that there will be no repercussion over any contentious issues raised by the participants.
- Encourage participation from all of the members in the group, without any interruption from other members. Set aside time for discussion among the participants after individual participation.

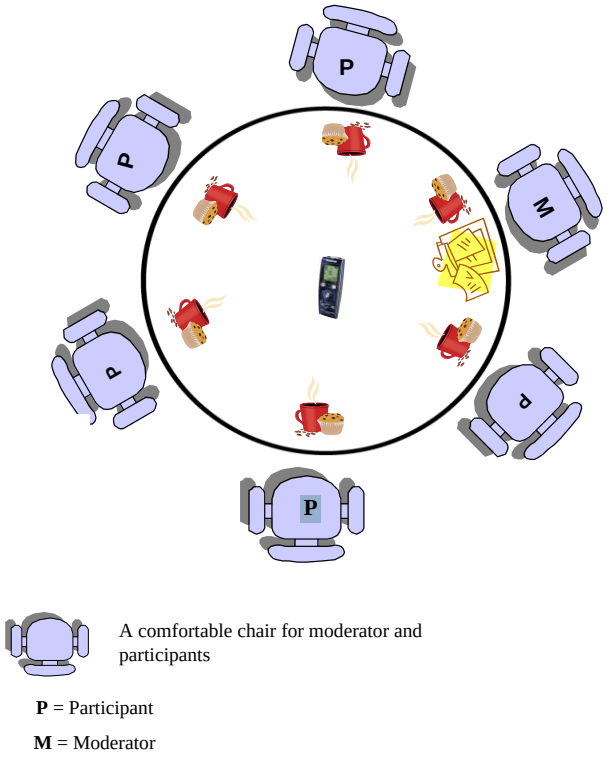


Figure1: Seating arrangement during the focus group.

The focus groups were conducted according to the stages as below aligned with the process of moderating focus groups outlined by Finch & Lewis (2006).

Stage 1: Introduction and setting the scene

At this stage, the moderator welcomes the participants and ensures that the participants are at ease. When all of the participants have arrived, the moderator provides personal introduction, outline and background of the discussion and research topic. Issues pertaining to the confidentiality and ground rules are stressed at this stage. The moderator also explains the expected roles of the participants and stresses that there is no right or wrong answers and every one's views pertaining to the topic are of interest and valuable. The moderator also stresses that they are free to agree or disagree with other participant's view. Explanation is provided to the participants regarding the need to record the conversation.

Stage 2: Individual introduction

At this stage, the moderator asks each participant to introduce themselves e.g. Name, where they come from and how long they have been living in the institute. Other

information as outlined by Finch & Lewis (2006) was considered irrelevant as the participants know each other prior to the meeting.

Stage 3 : The opening and the discussion of the topic

In this stage, the moderator provides prompts, asks further questions, seeks clarification or rephrasing of the question, elicits the general view of the participants and encourages interaction. The primary focus groups questions are delivered at this stage, starting with the question regarding the participants' daily occupation. The moderator plays important roles in listening, exploring meanings, providing further questions, directing and re-directing the participants to the research topic when necessary, inviting participants to share their 'stories' in order to ensure that lively discussion occurs at this stage. In order to maintain the ideographic nature of the experiences, each participant is given time to tell their 'story' without interruption from others, prior to the collective discussion about the topic to help illuminate further the topic discussed (Bradbury-Jones, et al., 2008).

Stage 4: Ending the discussion.

In this stage, when every research question has been covered and discussed by all of the participants, the moderator provides a signpost for ending the session. For example: "finally, is there anything else that you want to discuss?" The moderator thanks the participants and stresses how helpful the focus group has been.

Issues:

There are several issues in conducting the focus groups with the participants which is related to the social, cultural and demographic characteristics of the participants, thus the focus groups were structured in a way to facilitate maximum expression of the ideographic experiences in relation to the topic and the research questions. None of the participants have attended focus groups before, thus the idea of having to discuss (e.g. in a formal group discussion structure) a particular topic will be unfamiliar to the participants. Several strategies were performed to ensure that the participants were comfortable, thus allowing maximum cooperation and expression of experiences regarding the questions asked, such as:

- The participants were told that they are invited to "chat" *(berbual)* instead of to "discuss" *(berbincang).* Furthermore, they were asked to "tell and share their experiences" with other participants about their "life stories" pertaining to the theme discussed during the focus groups session. The use of different terminology is to minimise the perception towards the demand in focus groups. In addition, it is "easy" for the elderly people to "chat" about the themes in a "story" manner in which the terminology does not put the participants in a "pressured" condition or in a "hot seat" position. This creates a natural

conversation with the researcher and with other participants which facilities maximum expression of experiences.

- The focus groups were conducted in an informal structure, through the use of everyday / lay man languages or *"bahasa pasar"* (market language). Market language is a language that puts emphasis on short sentences, use of idiom, colloquialisms and a mixture of local dialects. Sometime the words have no meaning, but will put the sentences into context to facilitate understanding and make them auditory pleasant. In addition, the focus groups were conducted in an environment that is familiar to the elderly participants, such as at the garden, lounge room in the ward and in a shed instead of in the 3LP room. This creates informality in the focus groups thus providing a relaxed environment for the participants to "share" their experience, ideas and opinions in relation to the theme under study. In addition, snacks were provided during the session.
- In line with the cultural issues of respecting the elderly people, the participants' were addressed according to their age "title" by the moderator, for example if the participants are between 80 to 90 years old, they were addressed as "Mother, Father" (Mak , Pak), or uncle (Pak Cik), auntie (Mak Cik) prior to the use of their first name. E.g. Pak Dollah, Mak Minah. However, permission to use the title was sought and participants who did not give consent were addressed as Mr or Mrs. The use of the titles mimicking parental relationship indicates respect to elderly people and symbolises the level of closeness and personal connection between the participants and the moderator (Sugirtharjah, 1994; Chuang & Huang, 2007; Yusaini, 2007; Wu, et al., 2009)
- Participants were invited to provide opinions or feedback towards other participants' statements. Aligned with the cultural issues of respecting other people's opinions and maintaining a harmonious relationship between each other (Chao, 1995; Lee, 1999; Boyle, 2004; Lee, 2010) it was found that the participants were reluctant to discuss or provide opinions or be critical towards other people statements. This could be due to the living arrangements (i.e. living in a space shared with other people) which did not allow participants to be critical of each other. This was in order to avoid argument and misunderstanding. It was also helps to maintain social harmony (Chao, 1995; Lee, 1999; Yusaini, 2007; Lee, 2010).
- It was necessary to be sensitive to the religious affiliation and moral values of the participants so the focus groups were separated according to gender. This allows the participants to shares personal experiences and desires, such as wishes to re-marry.
- During the introduction phase of the focus group, the participants were encouraged to take turns to tell their "story" or narrative. This is to ensure that there is minimal interruption from other participants in order to preserve the ideographic experience of the participants associated with the phenomenology

philosophy that requires the participants to describe the essence of their experiences in "uncontaminated" ways. In addition, it is to show respect and appreciation towards their "life stories" and as a way to encourage participation from the 'quiet' participants. However, the participants were allowed to add their own insights or opinions with regards to the questions asked during the focus groups.

- In order to be sensitive to the local and cultural environment of the institute, the focus groups were conducted in the morning or in late afternoon. This was to ensure that meal times and rest times for the participants did not overlap with the focus groups sessions.

Appendix 3.20: Prompts for focus groups

The prompts used during the focus groups session depends on the themes and questions as shown in table below:

Theme	**Main questions and prompts**	**Aims of the questions**
Theme 1: Daily occupation	**Questions** Can you tell me your daily activities? How do you feel about the activities? How do you cope with problems in your daily life? **Prompts**. Describe your daily activities (your routine). Why is the activity important to you? Do you feel happy and satisfied with your ability to perform the activities What problems do you have in your daily life? How do you cope with the problem?	To identify daily occupation and to see the changes after 3LP To identify self-efficacy To identify the changes and coping mechanisms (self-efficacy) in dealing with issues in institution.
Theme 2 : Perception and expectation towards ageing	**Question** In the future, how do you see yourself in terms of your physical health, mental functioning and your relationships with other people? **Prompts**. Can you describe your current physical health; your mental function and relationships with other people for example your family members, children etc. Can you discuss your future physical health your mental function and relationships with other people	To identify the expectations towards ageing

Theme 3 : QoL	Question Can you tell me about your life in here? Prompts How would you describe your life in here? Do you have a good life here? How do you feel about your life in here? What makes you happy to live here What makes you not happy to live here	To identify the experience living in the institution in relation to QoL To identify issues in the institution and self efficacy.

Appendix 3.21: The question route

The route of the questions during the focus groups is based on the triangular structure as suggested by Plummer-D'Amato (2008). The route consists of the broad opening question, followed by a number of transition questions and ending with key questions as illustrated in figure 1 below. This route will provide a structure that will 'unknowingly' guide the participants to the main key questions. The questionnaires are:

Stage 1 : Greeting and Introduction to the focus groups

- Welcome to the participants (ice breaking)
- Overview of the topic and reasons why they are in the focus groups.
- Setting ground rules.
- Issues regarding confidentiality and anonymity. Highlight the use of audio equipment.

Stage 2 : Broad opening questions

Purpose: Develop rappol, comfort and establishing relationship. Provide questions that everyone can related to.

- Could you tell me your daily activities? (In Bahasa : Boleh pak Cik/Mak Cik 'ceritakan' mengenai aktiviti harian Pak Cik/Mak Cik ?)
- How do you feel about the activities that you have conducted? *(*In Bahasa : *macamana rasanya menjalankan aktiviti tersebut?)*
- Could you tell me about your problems in conducting your daily activities? (In Bahasa : *Boleh Pak Cik/Mak Cik 'ceritakan' masalah menjalankan aktiviti harian Pak Cik/Mak Cik?*)

The objectives of these broad opening questions are to stimulate conversation and encourage participation from all of the members of the group. It is logical to start with an easy question that is closely related to the participants' life which will naturally lead to the transition to key questions. Furthermore, the question will provide an overview with regards to the:

a) Daily occupational activities pattern before and after the intervention and to identify the changes in occupational activities after the intervention.
b) Challenges associated with engagement in occupational activities, thus identifying self efficacy in engaging with occupation.

c) Reactions associated with occupational engagement. Reactions such as feelings of excitement or happiness in engaging with the occupational activities could provide insight into the life satisfaction.
d) Physical and psychological changes as a result of attending the programme.

Stage 3: The transition questions

- Could you tell me the changes that have occurred for you? For example the advantages of being an old man/women (In Bahasa : *Boleh pak Cik/Mak Cik 'ceritakan' perubahan yang berlaku kepada Pak Cik/Mak Cik?, contohnya kelebihan masa tua ni*) – this question is a transition question for expectations towards ageing.
- Could you tell me your hopes for the the future (In bahasa : *Boleh Pak Cik/Mak Cik 'ceritakan' mengenai harapan Pak Cik/Mak Cik pada masa hadapan ?*) – This question is a transition question for expectations towards ageing.
- Could you tell me your feelings about living here (In Bahasa: *Boleh Pak Cik/Mak Cik 'ceritakan' perasaan duduk disini?)* – Transition question for quality of life and life satisfaction.

Stage 4: Key questions

- How do you see yourself in the future? (In Bahasa: *Boleh Pak Cik/Mak Cik 'ceritakan' mengenai diri Pak Cik/Mak Cik dimasa hadapan?*) – Prompts are given to the participants. This question is aimed at eliciting their expectations towards ageing.
- Could you tell me about your life in here? (In Bahasa: *Boleh Pak Cik/Mak Cik 'ceritakan' mengenai kehidupan Pak Cik/Mak Cik disini?*) – Prompts are given to the participants. This question is aimed at enabling the participants to describe their quality of life and life satisfaction.

Stage 5: Ending the session

Purpose : To express gratitude and appreciation.

- Thanking the participants.
- Emphasis the importance of their voice.
- Stress the results that will be made available.

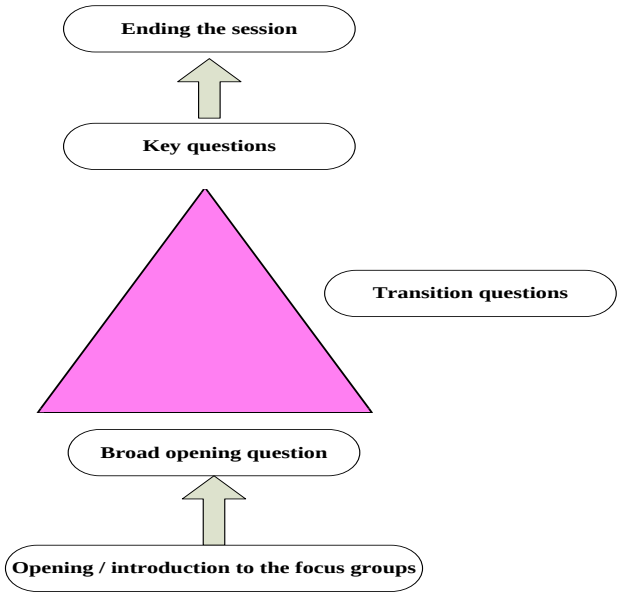


Figure 1: The triangular structure of the questionnaires. (Adapted from Plumber-D'Amato, 2008)

Appendix 3.22: Transcription Conventions

(adapted from Bailey, 2008 and Silverman, 2010).

Symbols	**Meaning**
(?) or ?	Talk too obscure to transcribe / ending the sentences by asking a question
??	rinsing intonation
(.)	Pause, silence less than one second
(…)	Pause, silence more than one second
[	Overlapping talks begin
]	Overlapping talks ending
Becou -	Cut off, interrupted sound
He says	Emphasis
LOUD	Loud sound
[Left hand on table]	Body conduct
Italic	Use of colloquial
Italic and bold	Use of 'local' dialect
Hhhhhhh	Audibly out of breath
☺	Smile
☺☺	laugh
☺☺☺	Laugh loudly
☹	Looks sad
☹ ☹	Looks very sad, almost cry.
{n}	Nodding – indicates agreement with previous statement or statement from other participants.

Appendix 3.23: Colloquies used in the focus groups sessions

Words	**Meaning (in *Bahasa* and / or English)**
lah	Frequently used to add to another word. The word itself does not have any meaning, but when it adds up to another word, it makes the words and sentences more complete and pleasant to hear. e.g : '*tak pastilah'* (not sure), *tak kisahlah* (don't mind), *seboklah* (I am busy)
Ewah	Frequently used to add to another word. The word itself does not have any meaning, but when it adds up to another word, it makes the words and sentences more complete and provide weight to the sentences. e.g: *Ewah, rasa muda* (Ewah, feel young) e.g: *Ewah ewah, nampaknya boleh kawin satu lagi* (Ewah ewah, I can see that I can marry another one)
La	
Loo	
Oooo	Acknowledgment and agreement or identify something new.
Ha'ah	Frequently used to indicate agreement. It is similar to Ya (Yes)
Haaaaa	No particular meaning in the word, however, if it is use in sentences, it will indicated
A'a	
Erk	Frequently used in a sentence that indicates a question. E.g. Please follow me erk
Tu	Short from for 'itu' (that)
Kat	Short word for 'dekat ' (near)
Alhamadulilah	Synonym for 'thank you god'.
Ok	Means everything is good, or as a starting sentences.
Atuk	Grandpa. A way to address older people in a respectable ways in Malaysia.
r …	To end words, no specific meaning to it

1. Use of dialect (based on ethnicity or locations)

Words	Meaning (in *Bahasa* and / or English)

Sokmo	Meaning in bahasa : Sepanjang masa (all the time). Often spoken by people who live in East Coast of peninsular.
Selalu	Meaning in bahasa : segera (fast). Often spoken by people who live in East Coast of peninsular.
Pity	Meaning in bahasa : duit (money). Often spoken by people who live in East Coast of peninsular.
Tokseh	Meaning in bahasa : tak usah (please don). Often spoken by people who live in East Coast of peninsular.
manyak	Meaning in bahasa : banyak (plenty). Often spoken by Chinese people
Sengal	Malay slang for stupid or act like a stupid person
Poyo	Malay slang to describe a person who is shameless, self boasting

2. Referring to another person

Words	**Meaning (in *Bahasa* and / or English)**
Dia orang	They
Kita	We . This word is often spoken by the participants. However, the 'we' that they are referring is to 'me /I'

3. Use of short word

Words	**Meaning (in *Bahasa* and / or English)**
cini	In Bahasa : a short for 'disini' (in here)
Tak pe	In bahasa : a short word for 'tidak mengapa' (that's alright)
ilang	In Bahasa : a short word for 'hilang' (disappear)

References :

Wikipedia : Malaenglish. Available from : http://en.wikipedia.org/wiki/Manglish

Appendix 3.24: Example of the Focus groups transcripts

Appendix 3.24(i): Example of original pre experiment focus group 2 (female – 60 – 75 year old) transcripts, descriptive comments and emerge themes.

Emergent themes	Original transcript	line	Descriptive comment
	FASILITATOR	1	
	Ok, saya nak sembang-sembang dengan mak, PEE_G2_F_P33 pada tengah hari ini. Boleh kan. Hanya beberapa soalan ja. Soalan pertama saya nak tanya antie-antie, mak cik-mak cik dan PEE_G2_F_P30 sendiri. Kalau boleh cerita mengenai aktiviti harian semasa dekat cini. Boleh?	2 3 4 5 6 7 8 9	Greeting and stating the purpose of the focus groups. Asking questions about daily activities and agreement to participate.
	PEE_G2_F_P30	10	
	Boleh..	11 12	Agreement
	NAIM	13	
	Maksudnya macam makcik-makcik dan PEE_G2_F_P30 sendiri buat dekat cini pada masa lapang? Seorang-seorang erk..	14 15 16	Reinstatement of the first questions: about daily activities.
	PEE_G2_F_P30	17 18	
1. Lack of variation in daily life – mainly fo on IADL.	Ermmm.. kemas tempat tidur, sapu ubat di tangan, keluar tapi tidak keluar jauh r. dekat-dekat ini jer….dekat taman bunga.	19 20 21	ADL activities, applying medication, walk around the institution, at the garden.
	FASI	22	
	Tiap-tiap hari PEE_G2_F_P30 memang buat aktiviti macam ini ker?	23 24	Asking frequency of the activities.
	PEE_G2_F_P30	25	
	A'ah setiap hari. Nak buat apa lagi. [	26 27	Daily activities. Conducted frequently.
	PEE_G2_F32	28	
2. No choices 3. Accept the situations, in comparison with living prior	Aa'h, apa boleh buat,t ak ada pilihan … dah ditakdirkan untuk saya, jadi kena terimalah sepenuhnya. Kalau duduk kat rumah, sapa nak	29 30 31	Interrupted by P32 No choice, have to accept faith, comparing benefits of living in the

relocations. 4. Accept the benefits obtained by living in the institution. 5. Not worry about anything else in life.		kasi makan, sapa nak jaga kesihatan, mungkoin jadi lebih teruk. Sini tak payah risau, ada semuanya kat sini. Mak tak payah risua pasal makan minum dan baju.	32 1 2 3	institution and living alone. Benefits – health, daily needs, not worry about daily needs (food), shelter, health care.
		FASI	4 5	
		Kalau PEE_G2_F_P32 pula macam mana? Apa yang PEE_G2_F_P32 buat tiap-tiap hari sepanjang tinggal dekat cini?	6 7 8	Asking another participant
		PEE_G2_F_P32	9 10	
6. Lack of variation, similar pattern of daily occupations – eat and drink until night time.		Tidur, makan …	11	Eat and sleep (no variation) until bedtime.
		FASI	12 13	
		Dari segi riadah petang?	14	
		PEE_G2_F_P32	15	
		Duduk saja dan minum.	16 17	Continuously sleep and eat every day.
		FASI	18 19	
7. Similar pattern of Daily life with other participants.		A"ah … Nak tunggu malam macam mana?	20	Need confirmation.
		PEE_G2_F_P32	21 22	
		Tidur lagi.(ketawa dengan rutin harian) ☺☺	23	
		FASI	24 25 26	Similar daily activities. Indicates happy of doing the same occupations.
		Tidur lagi. Memang itu aktiviti yang PEE_G2_F_P32 buat kat cini erk.	27 28 29	Asking other participants, need confirmation.
		Ok, mak sendiri macam mana? Apa yang mak buat mengisi masa lapang semasa kat sini?	30 31	
		PEE_G2_F_P41	32	
8. Rest and relax whilst waiting for		Saya ini takde apa kerja. Duduk, tidur dan makan le bila bunyi siren, pergi dewan makan. Lepas tu tidur lagi. Ada banyak pondok kat	33 34	Similar findings (sleep and eat),

the siren which indicates meal time. 9. Socialisation with friends. 10. Physical environment promotes socialisation.	sini, boleh relax atau borak dengan kawan-kawan atau anak bila dia orang datan melawat. **FASI** Aah... Setiap hari memang mak buat aktiviti camtu r..	1 2 3 4 5	waiting for siren which indicates meal time. Socialisation with other people. Environment benefits provide venues for socialisation with other inmates.
11. Similar pattern of daily life.	**PEE_G2_F_P41** A'ah [...] **macam tu lah !** **FASI** Mak cik P39 pulak macammana ? **PEE_G2_F_39** Macam tulah, macam diaorang juga, makan dan tidur . dah biasa dah [...] setiap hari macam tu [..] dah biasa dah [...] macam orang kata ' alah biasa tegal biasa [	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	Agreement – about daily activities. Stressing the point. Asking other participants. Similar pattern of daily living with other participants, using proverbs to clarify sense of adjustment with lack of variation in daily life. IMPORTANT ISSUES. Asking another participants interrupted by another participants. Agreement with previous participants regarding daily activities. Comparison life prior relocation. Explanation from another participant. Another participants comparing life at other institution, and live in this institution.
12. Used to the daily life. 13. Adapted with situations. 'dah biasa'	**M.CIK 1** Samalah kita, Takde buat apa-apa....duduk saje-saje, tidur, bangun dan pergi jalan-jalan. Itu ja aktiviti. Dulu mak cik kerja, tapi sekarang diorang tak bagi kerana sekarang ini mak cik sakit. **FASI** Untie sendiri, apa yang PEE_G2_F_P33 buat semasa masa lapang? **PEE_G2_F_P33**		
14. Lack of variety in daily life.	Saya dulu masa kat Cheras ada kerja, tapi kat sini takde kerja..kat sana saya ada buat dan ada kerja... diorang kasi makan, lepas itu mandi. Saya datang cini (RSK) saya takde kerja r.. duduk....jalan-jalan, gi duduk sana tempat taman bunga, jalan-jalan makan angin. Itu yang saya buat kalau bosan, ikut kaki. Dulu kerja ada, sekarang		

3

	kerja takde, penat....duduk makan dan tidur **FASI** Ok, saya nak tanya semua . apa perasaan apabila mak cik-mak cik dan kakak-kak buat aktiviti harian ini. Adakah ianya membuatkan rasa gembira ker, rasa sedih ker dengan lakukan aktiviti harian yang mak cik-mak cik dan kakak-kakak ? PEE_G2_F_P30 sendiri buat r? rasa macam mana? **PEE_G2_F_P30** Tak rasa gembira [...] ☹ (keadaan air muka yang sedih) **FASI** Kenapa ? **PEE_G2_F_P30** Sedih sebab lama tak jumpa anak. Nak buat macam mana, dah takdir, kenalah terima. Dah ditentukan yang saya kena tinggala sini, mungkin samapi mati kot [...] tak apalah, ada banyak kawan kat sini, makanan sentiasa ada, dia orang (staff) baik dengan saya [[...]] , walaupun saya rasa rindu dekat anak-anak. Kena angap dia orang (staff) macam anak-anak. **FASI** PEE_G2_F_P32 pula, apa perasaan PEE_G2_F_P32 apabila buat aktiviti ini? Macam PEE_G2_F_P32 bagitahu tadi, pergi jalan-jalan, time makan pergi makan.. PEE_G2_F_P32 rasa macam mana apabila duduk kat cini, rasa suka ker?	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	Implication of lack of variation – bored, tired, Facilitator asking feeling related to paten of daily occupation. Not happy with the situations. Described the feeling of sadness, unable to contact children. Accepting fate, contentment with benefits obtained, described relationship with staff. Compensate feeling of affection towards staff and friends. Asking another participant to described feeling associated with living in the institution.
15. Not happy with current daily life. 16. Negative affect. 17. Acceptance with lack of variation, 18. Lack of meaningful relationship. 19. Contented with benefits obtained in the institution. 20. Relationship with other residents compensate with loneliness.			

4

21. Have to accept with lack of variation in daily life. 22. No choice 23. Contented	**MAK PEE_G2_F_P32** Suka tak suka.. tapi nak buat macam mana, bagus jugak ... tak payah kerja ... **FASI** A"ah.,(n) gitu r yang selalu P32 buat erk...jadi PEE_G2_F_P32 rasa ok r kat cini kan. **MAK PEE_G2_F_P32** Ok tak ok kena terimalah, diaorang tak kasi keluar, takut jatuh, jadi duduk sini ajelah, [...] nak buat macamana, [...] kalau keluar juga nanti kena marah, [...] lagipun tak tahu macaman nak keluar, dia orang (staff) suruh dudk dalam aje, relax aje, kalau lawan cakap nati kena [...] kalau tak dapat duduk sini lagi teruk. Jadi kenalah hormat [...] **FASI** Mak sendiri macam mana? Buat mak r, mak kata tadi mak ada kerja kat cini kan, mak rasa macam mana bila ada kerja yang nak di buat ? **PEE_G2_F_P41** Saya ini kadang-kadang duduk tidur r, suka juga kongsi cerita2...tapi cakap yang elok-elok r, kalau cakap yang merempek-merempet itu saya rasa sedih sangat. Pangkal jauh, kalau dekat aku lari ja...ada r fikir camtu tapi tak cakap pada orang. Tapi mak rasa selamat kat sini, tak ada sapa usik sebab mak dah tua, rasany mereka (staff) hormat orang tua, dia orang jaga mak, mak boleh pergi klinik kalau rasa tak sihat, tak payah risau pasal anak adan keluarga, dan diaorang	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	Have to accepted, no choice with the situations. Confirmation with statements. Describe and justification inability to engage in occupations – apprehension, implications, scared with staff, unwilling to go against the order, apprehension, describe implication of not able to stays in the institution. Asking another participant. Spends most of time by socialising with other residents, have to abide rules and respect other residents. Avoid confrontation, wants to live outside. Feeling safe inside the institution. Feeling respected by the staff, cared and health benefits obtained. Not worrying about children.
24. Have to accept the situations 25. Abide with rules and regulations. 26. Apprehension (fear) to the implications e.g punishment and possibility to be discharge from the institution. 27. Have to respect authorities. 28. Doubt about abilities – physical abilities. 29. Accept the communal environment – no choice. 30. Respect from staff 31. Contentment with benefits – e.g health care.			

5

	tak payah risau pasal mak. Dia orang boleh datang sini bila nak.	1	
	FASI	2	
	Maknanya mak ada aktiviti yang terluang r..	3	
32. Many spare time.	**PEE_G2_F_P41**	4 5	Confirmation question.
	A"ah..(mengaangguk), banyak masa tak buat apa,	6	
	FASI	7 8	Agreement with own statements.
	Ok...tadi mak cik, PEE_G2_F_P33, PEE_G2_F_P32, mak dan PEE_G2_F_P30 ada cerita mengenai aktiviti harian semasa tinggal kat cini. Sepanjang mak cik-makcik tinggal kat cini ada terdapat halangan atau kesukaran untuk melakukan aktiviti harian ini? Kesukaran atau halangan, sebagai contoh seperti sakit ker....	9 10 11 12 13 14 15 16 17	Another question to identify barriers to engagement in occupations – to identify GSE.
	PEE_G2_F_P30 sendiri macam mana dari segi halangan?	18	
	PEE_G2_F_P30	19	
33. Changes in physiological function – pain, that have to be accepted 34. No choice – have to wait for activity conducted by the institution.	Sakit-akit badan ada lah, mungkin sebab dah lama sangat tak kerja, lagi pun tak ada pilihan, jadi kena tunggu dia orang buat aktiviti melawat ke [...] apa ke [...] , tunggu ajelah.	20 21 22 23 24 25	Changes in physiological function – pain and aches, possibility because lack f engagement in occupations. Waiting for activities conducted by staff.
	FASI	26	
	Jadi tak boleh buat aktiviti harian macam biasa r	27	Confirmation questions.
	PEE_G2_F_P30	28	
35. Accept with the fate – living in the institution. 36. Contented with benefits. 37. Comparison with living at home – improvised environment and have to plead for daily needs.	A"ah...(n) macam biasa r., saya kenalah terima apa yaang ditulis dah, kena terima kalau kena tinggal kat sini sampai mati, tempat ni bagus juga. Ada makanan setiap hari, kadang-kadan dapat duit orng melawat kasi. Lebih baik duduk kat sini dari duduk kat luar, minta sedekah dengan orang, duduk kat jalan, macam pengemis [...]	29 30 31 32 33 34	Agreement with the changes, accepted with the fate. Contentment with benefits obtained e.g. food and shelter, better than living outside as a bagger.

38. Changes in physiological function – pain and aches. 39. Feeling old – physiological changes	Ok…PEE_G2_F_P33 sendiri macam mana untuk melakukan aktiviti harian, ada halangan tersendiri ker? **PEE_G2_F_P33** Ada-ada […] ada sakit […]. **FASI** A"ah, ada sakit r…maknanya apabila takde halangan dalam melakukan aktiviti harian maknanaya mak cik buat buat aktiviti harian macam biasa kan. **FASI** Ok…dah sekarang ini mak cik-mak cik, mak dan kak mengalami perubahan usia iaitu peningkatan usia. Adakah mak cik-mak, PEE_G2_F_P33 dak PEE_G2_F_P30 sendiri ada nampak kesan perubahan daripada peningkatan usia itu? **PEE_G2_F_P30** Ada… **FASI** Apa yang PEE_G2_F_P30 rasa kesan itu? **PEE_G2_F_P30** Emmm…rasa dah tua. **FASI** Ok, rasa dah tua.. bukan dah tua tapi istilah dia ialah warga emas . Mak minah macam mana apabila dah meningkat usia ini? Daripada setahun ini? **MAK PEE_G2_F_P32**	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	Asking another participant. Aches and pain. Another questions – effect of changes in age, Feeling old?, perception towards self ?, acceptance from others ?

40. Not feeling the changes in functions – acceptance	Dah rasa tua.. **FASI** Rasa tua…tapi saya tengok mak minah tak nampak tua r.. mak jalan larat pergi sana cini. Sya rasa ok r…. **MAK PEE_G2_F_P32** Tak tahu.. **FASI** Mak cik sendiri macam mana? Bila dah meningkat usia ini, apa kesan daripada peningkatan usia ini? **MAK CIK** A"a, takde, takde! FASI Takde, macam biasa ja.. dulu dan sekarang tiada perubahan apa-apa r..ok.. **MAK CIK** Tiada, biasa ja… **FASI** Untie macam mana bila dah meningkat usia ini, PEE_G2_F_P33 rasa ada apa-apa perubahan pada diri PEE_G2_F_P33? **PEE_G2_F_P33** Kadang-kadang ada… **FASI** Apa yang PEE_G2_F_P33 kata ada itu? **PEE_G2_F_P33**	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	Asking another participant. Feeling old. May relate to ERA. Not sure about the changes? No changes. Asking another participant.

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	Untie rasa susah r, kadang-kadang jauh dari tempat asal... **FASI** Ooooo...ya ka. **PEE_G2_F_P33** Sekarang ini sakit.. **FASI** Ok...kesan saya dah tanya. Kelebihan menjadi warga emas ini? Bila dah meningkat usia ini. Contoh saya r, bila dah masuk umur 20 lebih ini saya tak tahu apa kelebihan apabila menjadi warga emas ini? Mungkin dari segi pengalaman dia sendiri.... Saya nak tanya PEE_G2_F_P30 sendiri r.. apa kelebihan menjadi dengan usia PEE_G2_F_P30 sekarang ini? **PEE_G2_F_P30** Muda r...(kelihatan keliru) FASI Tak kan rasa muda... **PEE_G2_F_P30** Semakin tua r... FASI Saya rasa tak semakin tua, maknanya saya tengok PEE_G2_F_P30 dah semakin matang **PEE_G2_F_P30** A'ah semakin matang (n) FASI	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	Feeling the changes sometimes. Difficulty?, distance from own home. Pain and aches. Advantages of an old age. Not sure about changes?, confusing questions or no advantages / benefits identified.

41. Benefits – acceptance and good relationship with staff. 42. Social relationship with staff, 43. Acceptance from staff 44. Social relationship with visitors. 45. Hope for the future – health related hopes.	Sebelum saya kenal dengan PEE_G2_F_P30 dulu dan sekarang ini memang berbeza Ok, PEE_G2_F_P32 sendiri r apa yang mak minah rasa menjadi kelebihan menjadi warga emas ini? **MAK PEE_G2_F_P32** Rasa seronok r....(air muka yang gembira) macam ada anak sendiri [**PEE_G2_F_39** Mak ingat dia orang (staff) kat sini ambil berat pasal kitaorang [[...]] rasa dihargai, rasay mereka sayang kat kita, walaupun mak bukan mak betul diaorang] FASI Macam anak sendiri ada, merasa seronok ada orang mari melawat sokmo (sentiasa) . Mak pula macam mana? **PEE_G2_F_P41** Saya tade apa-apa r, tapi kalau ada orang datang itu hati saya suka r.. **FASI** Suke r... ok r... **PEE_G2_F_P41** Saya katakan selamatkan aku atas dunia ini r, aku minta pada Tuhan.....jauhkan dari bala bencana, kalau saya ada hal apa-apa [...], ☹ ☹ **FASI**	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	Matured Like being an old person, respect form staff, like own children. Interrupted conversation. Agreement with other participants with regards to appreciation and affection form staff. Same perception towards visitors. Feeing happy when people visit

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	Minta dengan Tuhan….(keadaan senyap)	1	(acceptance) or appreciation, venue for ventilation, life story?
	FASI	2	
	Mak cik sendiri, apa kelebihan apabila menjadi warga emas dan	3	
	meningkat usia ini? Contohnya orang menghhargai mak cik ker?	4	
	MAK CIK	5	(P41 spoken out of context) – hope for the best in the future,
	Takde….ada selalu…	6	
	FASI	7	
	Jadi mak cik bersyukur r dengan keadaan sekarang ini r…	8	
	Untie sendiri r, apa yang PEE_G2_F_P33 rasa kelebihan bila dah	9	
	meningkat usia ini?	10	
	PEE_G2_F_P33	11	Serrunding to the fate.
	Takde…	12	
	FASI	13	
	Orang menghargai ker? Macam ada orang datang melawat ker?	14	
	PEE_G2_F_P33	15	
	Takde…	16	
	PEE_G2_F_P41	17	No advantages of being old. Low ERA?
46. Relationship with inmates	Syukoor, saya ada kawan kat sini … , walau pun tak rapat macam	18	
47. Doubt about self abilities (confident) to go home	jiran kat kampong dulu, mak tak ada anak kat sini … tak boleh balik	19	
	sendiri, mak tak tahu macama mana nak balik …	20	
	FASI	21	
	Ok…saya nak tanya soalan lagi ini	22	
	Apakah harapan mak cik-mak cik, PEE_G2_F_P33,	23	
	PEE_G2_F_P32, mak dan PEE_G2_F_P30 untuk masa	24	
		25	Contentment with friendship in the institute. Not close as previous life at home. Unable to go home, don't know how?, loss of confidence ?, SE?
		26	
		27	
		28	
		29	
		30	
		31	
		32	
		33	Reinstatement of the question to other participants.
		34	

48. Hope to engaged in occupations – religious related activities. 49. Hope to re establish connection with children. 50. Feeling lonely and abounded by children.	hadapan…pada suatu hari nanti. Mungkin dalam diri mak cik-mak cik dan PEE_G2_F_P30 sendiri ada simpan satu harapan dalam diri.. **FASI** Apakah harapan PEE_G2_F_P30? **PEE_G2_F_P30** Harapan apa? **FASI** Harapan untuk jadi lebih matang lagi suatu hari nanti ker? **MAK PEE_G2_F_P32** Mak nak ikut pergi ceramah agama kalau boleh. Nak dengar ceramah agama, biar rasa tenag sikit, tapi tak ada, nak buat macamaman? **FASI** Aaaa…makananya ma bercita-cita untuk pergi ceramah agama..mendekatkan diri dalam agama. Itu harapan mak suatu hari nanti r… **PEE_G2_F_P30** PEE_G2_F_P30 tak macam itu, PEE_G2_F_P30 nak tengok anak, rasa rindu kat mereka, rasa macam dah kena tinggal pulak [[…]] apalah salah kita. … **FASI** Nak tengok anak ye. **FASI** Mak macam mana, untuk harapan mak untuk masa hadapan? PEE_G2_F_P41	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	Hope for participate in religious activities, hope to feel at peace, but the programme is not available. Resentment?, hope for future ?, ERA? Hope to re establish contact with family members, feeling abandoned by family, sense of resentment. Lonely?, need to establish connection and meaningful relationship. Confirmation statement. Same question to another

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51. Hope for better helath condition in the future 52. Hope to engaged in occupations –religious related activities 53. Hope to die in peace.	Saya dah tuah dah, tak tahu bila nak mati [...] , mungkin esok lusa [...] , Cuma harap badan sihat, supaya boleh belajar agama [...] boleh sembahayang dengan betul [...] , jadi boleh mati dalam iman. [**PEE_G2_F_P39** Mak pun nak dekatkan diri dengan ilmu agama, panjang umur dapat habiskan sisa-sisa dengan belajar agama [...], ☹ ☹ **FASI** Ok...mak cik sendiri r, apa cita-cita ataupun harapan mak cik untuk masa hadapan? **MAK CIK** Mak cik takde....nak biasa ja... harap sihat aje lah, sekarang ni rasa lemah dan letih selalu **FASI** Maksudnya, mak nak sihat pada masa akan datang ye **MAK CIK** A'aaaa...(n) **FASI** Untie macam mana? Apa yang PEE_G2_F_P33 rasa dalam diri PEE_G2_F_P33, pasal cita-citadan harapan diri PEE_G2_F_P33? Untuk minggu depan ker, untuk tahun depan ker? **PEE_G2_F_P33** Takde apa-apa.. **FASI** Takde apa-apa, maknanya PEE_G2_F_P33 mahu kekal r macam	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	participants. Ambivalence about future self, hope for better health and expressed need for engagement in religious related occupations, die in peace. Interrupted by other participants. Pressing issues ? Similar need with P41. Expectations towards future. Asking other participants. Hope for better health in the future. Confirmation statement by facilitator. Agreement. Asking other participants regarding hopes for the future. No expectations and hope for future. Low expectations?, contented with self ?

55. Hope to engage in occupational activities, therefore not feeling bored. 56. Acceptance towards lack of engagement in occupations. 57. 'What can I do'	sekarang? PEE_G2_F_P33 Tak lah, kalau boleh ada sikit aktivit nak buat, jadi taka rasa bosan sangat, ada benda nak buat, tapi nak buat macamana tak boleh [...] terima ajelah [...] **FASI** Ok... seterusnya saya nak tanya sambil kita minum-minum... Sekurang-kurangnya saya dapat merapatkan hubungan, saya kan macam cucu ataupun anak.. macam PEE_G2_F_P30 saya anggap macam kakak.. Apa yang bermain di fikiran PEE_G2_F_P33, mak cik, PEE_G2_F_P30 dan mak tentang kehidupan yang bagus? Apa yang mak cik terfikir, mengenai kehidupan yang bagus? Apa yang buat terfikir mengenai kehidupan ini? **MAK CIK** Tak tahu nak cakap? **FASI** Cakap r apa-apa mak cik **PEE_G2_F_P30** Rasa seronok...hepi dan suke bila adaorang datang lawat, dapat jumpa anak [...] . dapat buak kerja sikit, taka rasa bosan sangat. **FASI** Jadi kehidupan yang bagus ini macam jadi gembira r apabila ada orang mari... dapat cakap dengan anak ye	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	Facilitator asks for further explanation, exploration. Hopes to engage in occupations, not to feel bored, but lack of opportunity and forced to accept the situations. Barriers – external, have to accept – contentment and acceptance. Moving to next question – about quality of life, asking about a good life. Not sure about the question. Not understanding the questions or lack of constructs in good life. Feeling happy with visit from people and connection with family members, engagement in activities (Constructs for good life for P30). Confirmation of the constructs –
58. Feel happy with visitors – longing for relationship 59. Hope to engage in occupations 60. Hope to establish meaningful relationship with children.			

61. QoL – able to help others (doing a good deed) 62. Acceptance (*tak apalah* ...) with current situations (Contentment). 63. Mechanism of acceptance – justifying – fate.	**PEE_G2_F_P41** Kalau kita bikin baik, maknanya kita dapat yang baik.. kita kenal buat sesuatu yang baik. Macam tolong orang ke ... apa ke. Itu aja, lagi pun tak dapat keluar jalan-jalan sendiri. Tak apalah [...], lagi pun tak ada apa kat luar tu [...] dulu dah puas jalan dah. Jadi sekarang ni terima ailah keadaan dan bersujurlah. **FASI** Itu untuk menuju kehidupan yang lebih baik r.. **PEE_G2_F_P41** A'aaa....{n} **FASI** Ok, mak cik macam mana?	35 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	relationship. Ability to do good deeds to another people. Voluntarisms activities? Barriers to going out, degrading benefits of going out (compensation strategy ?), Acceptance and thankful for what was received. *'Tak apalah* Confirmation questions. Agreement.
64. Used to the conditions (acceptance)	**MAK CIK** Tiada apa-apa..... **FASI** Tiada apa-apa? Mahu kehidupan yang baik pada masa hadapan ker.. **MAK CIK** Tiada...	18 19 20 21 22 23 24 25	Asking other participants. Participants indicated unsure about good life. Lack of sources of good life ?
65. QoL – engagement in religious related activities.	**FASI** Ok..PEE_G2_F_P32 sendiri r.. apa yag bermain dalam fikiran P32 untuk membentuk satu kehidupan yang bagus? **MAK PEE_G2_F_P32** Mak nak pergi ceramah agama r... **FASI**	26 27 28 29 30 31 32 33 34	Asking P32 about good life.

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	Nak pergi ceramah agama r…untuk mendekati pada ilmu agama	1	Participate in religious activities. Participated in meaningful occupations – religious related activities.
	MAK PEE_G2_F_P32	2	
	Kalau kita nak mati, senang….	3	
	FASI	4	
	Untuk PEE_G2_F_P33 sendiri macam mana, semua kat cini adalah melayu. Bagi PEE_G2_F_P33 sendiri macam mana untuk membentuk kehidupan yang bagus?	5 6 7 8 9	Confirmation question about construct of good life. Confirmation from participants, reason for engagement, future afterlife.
	Apa yang PEE_G2_F_P33 mahu?	10	
	PEE_G2_F_P33	11 12	Facilitator asking another participant (P33).
66. QoL – good relationship with other residents / harmonious environment. 67. QoL – fulfilment of needs (basic needs). 68. QoL - Engagement in recreational activities 69. QoL – exposure to outside environment.	Kita semua sama serupa…, kalau boleh kawan kawan janga selalu marah marah, cukup makan dan pakai, dapat jalan-jalan kat luar, bagus tu .. tak rasa macam katak bawah tempurung.	13 14 15 16 17 18 19 20	Similar need with other participants, hope for good relationship with other residents, basic needs fulfilled, going out or the institution for exposure. (Engagement in occupations related to ADL and recreational activities).
	FASI	21	
	Ok…serupa…macam orang lain juga ye.	22	Question about satisfaction with life to participants.
	Soalan setrerusnya, saya nak jawapan puas hati atau tidak erk…	23	
	Ok, PEE_G2_F_P30 sendiri r, adakah PEE_G2_F_P30 puas hati dengan keadaan PEE_G2_F_P30 sekarang ini?	24 25 26	
	PEE_G2_F_P30	27	P30 indicated satisfaction
	Puas…	28 29	
	FASI	30	
	Puas hati…kenapa?	31	Asking for further clarification.
	PEE_G2_F_P30	32	
70. QoL /Life satisfaction – daily food	Sebab duduk sini bagus! Makan cukup, kadang-kadang tu ada jalan-jalan, ada main, ada misi, ada tempat tidur […] tak payah **rsiau apa-**	33 34	Constructs for life satisfaction for

71. QoL – health benefits 72. QoL – not worry about anything else.	**apa ! 😉** **FASI** Bagus..ok. PEE_G2_F_P32 puas hati dengan keadaan sekarang ini?	1 2 3	P30 – fulfilment of daily needs, food, shelter, medical care, activities occasionally.
	MAK PEE_G2_F_P32	4 5	
73. QoL – fulfilment of basic needs – food, shelter, health benefits	Puas hati… macam apa yang P30 cakap lah, ada makan, ada pakai, tempat rehat banyak, ada misi, yang paling penting ada tempat timnggal, tak payah tumpang rumah orang.	6 7 8 9 10	Asking another participant (P32) Agreement with P30 – daily needs, rest areas, health needs, most important have place to stay
	FASI Apa yang buatkan mak minah puas hati?	11 12 13	(Obtaining what most important for current life).
	MAK PEE_G2_F_P32	14	
74. QoL – respect from staff 75. QoL – beautiful environment. 76. QoL – contentment with current life – relax.	Semuanya cukup…., dia orang hormat ornag tua, tempat ni cantik, banayak pokok, boleh relax selalu, dah taka ada apa yang nak lagi. **FASI** Mak sendiri macam mana, mak puas hati tidak dengan keadaan sekarang ini?	15 16 17 18 19 20 21	Asking for further clarification. Addition – respect from staff, environment in the institutions. Do not wants anything else (Obtaining priorities in life). – re priority in life.
	PEE_G2_F_P41	22 23	Asking other participants.
77. QoL – contentment – thanking God. 78. QoL – able to be independent (health status)	Ya…..saya bersyukur kepada Tuhan, saya rasa telah cukup dengan apa yang ada…, boleh buat kerja sendiri, boleh jalan, tak payah orang tolak **FASI** Ok…	24 25 26 27 28 29 30	Contentment and thankful with God with benefits obtained, health conditions.
	PEE_G2_F_P41	31 32	Acknowledgement.
79. QoL – harmonious relationship	Orang-orang tak marah r saya, saya bersyukur dengan diri saya sekarang [	33 34	

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in institution.	**PEE_G2_F_P32**	1	Respect and acceptance from other residents.
	] Tapi mak tak puas satu pasal kena gigit baru-baru ini…	2	Interrupted by P32
	FASI	3	
	Biasa r apabila duduk dalam keadaan ramai, ada yang ok dan ada yang tidak ok..maknanya yang tak ok itu, mak cari r kawan yang ok..mak ada, mak cik ada…yang tidak ok itu, mak minah lupakan r.	4 5 6 7	P32 – not satisfied as a result of argument with other residents.
	PEE_G2_F_P32	8 9	Advice from facilitator. Note: This should not be implemented in there, during the session.
80. Need for harmonious environment.	Mak rasa dendam., perasaan tidak puas hati masih ada.	10 11	
	FASI	12	
	PEE_G2_F_P32 sabar erk…saya ada kat sini	13 14	
	FASI	15	Insisted tot talk about the argument incidents with other residents.
	Mak cik sendiri, mak cik puas hati dengan keadaan mak cik sekarang ini?	16 17 18	Another advice from the facilitator. Diverted to question related to construct o f life satisfaction to P32.
	PEE_G2_F_P32	19 20	
81. QoL – fulfilment of basic needs.	Tiada apa-apa r…. Semuanya ada kat sini, makan pakai, itu aja yang mak perlukan. Bagus juga, tak payah risau apa-apa lagi.	21 22 23	
	FASI	24	
	Jadi mak cik puas hati r	25 26	Contententement with benefits obtained.
	PEE_G2_F_P32	27	Not worry about anything.
82. QoL – acceptance, benefits of living in the institution	A'aaa….kena terima lah keadaan, nasib baik ada tempt tinggal, jadi syukoorlah.	28 29 30	Conformation questions.
	FASI	31	
	Ok…mak cik puas hati dengan tempat ini dengan makan minum dan tempat tinggal…	32 33 34	Acceptance with fate, *syukoor*.

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83. QoL – engagement in variety of occupations. 84. QoL – acceptance (like home). 85. QoL – relationship with other residents.	**PEE_G2_F_P32** A'aaaa…(n), apa lagi nak dah tua macam ni. **FASI** Jadi tiada masalah apa-apa r… **MAK CIK** Biasa jer… **FASI** Jadinya, ada masa mak cik buat kerja sendiri r kan… **MAK CIK** A'aaa….kalau takde kerja tidur jer… **FASI** Untie sendiri r , PEE_G2_F_P33 puas hati dengan keadaan sekarang ini? **PEE_G2_F_P33** Cini PEE_G2_F_P33 ingat dah macam rumah…duduk cini dah macam adik beradik. **FASI** Jadi sekarang ini, PEE_G2_F_P33 rasa puas hati r dengan keadaan sekarang. **PEE_G2_F_P33** A'aaa….. **FASI** Ok r, saya mengucapkan terima kasih atas kerjasama yang telah diberikan oleh semua dan mengambil masa lapang mak cik-mak cik	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	Confirmation questions. Agreement and acknowledgement. Re establishing priorities in life ? Questions regarding problems associated with daily activities. Not so much problem. Doing daily occupations Sleeps is there is nothing to do. (lack of variation in life ?) Asking another participants P33 Participant P33 consider the institution as home., staff and other residents like brothers and sisters (Acceptance, adjustment, social relationship) Confirmation question Agreement with previous statements.

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	pada hari ini.	1 2	Closure – thanking the participants.

Location : Ward F

A. FOCUS GROUP – GROUP 7 (WAD F)

- PEE_G2_F_P41
- PEE_G2_F_P30
- PEE_G2_F_P33
- PEE_G2_F_P32
- PEE_G2_F_P39

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Appendix 3.24(ii): Initial list of themes – pre experimental phase Group 2 (Female age 60 – 75 year old)

1. Lack of variation in daily life – mainly focus on IADL (FG2_Pe_P1)
2. No choices(FG2_Pe_P1)
3. Accept the situations, in comparison with living prior relocations. (FG2_Pe_P1)
4. Accept the benefits obtained by living in the institution. (FG2_Pe_P 2)
5. Not worry about anything else in life. (FG2_Pe_P2)
6. Lack of variation, similar pattern of daily occupations – eat and drink until night time. (FG2_Pe_P2)
7. Similar pattern of Daily life with other participants. (FG2_Pe_P2)
8. Rest and relax whilst waiting for the siren which indicates meal time. (FG2_Pe_P2)
9. Socialisation with friends. (FG2_Pe_P3)
10. Physical environment promotes socialisation. (FG2_Pe_P3)
11. Similar pattern of daily life. (FG2_Pe_P3)
12. Used to the daily life. (FG2_Pe_P3)
13. Adapted with situations. 'dah biasa'(FG2_Pe_P3)
14. Lack of variety in daily life. (FG2_Pe_P3)
15. Not happy with current daily life. (FG2_Pe_P4)
16. Negative affect. (FG2_Pe_P4)
17. Acceptance with lack of variation, (FG2_Pe_P4)
18. Lack of meaningful relationship. (FG2_Pe_P4)
19. Contented with benefits obtained in the institution. (FG2_Pe_P4)
20. Relationship with other residents compensate with loneliness. (FG2_Pe_P4)
21. Have to accept with lack of variation in daily life. (FG2_Pe_P5)
22. No choice(FG2_Pe_P5)
23. Contented (FG2_Pe_P5)
24. Have to accept the situations (FG2_Pe_P5)
25. Abide with rules and regulations. (FG2_Pe_P5)

26. Apprehension (fear) to the implications e.g punishment and possibility to be discharge from the institution. (FG2_Pe_P5)
27. Have to respect authorities. (FG2_Pe_P5)
28. Doubt about abilities – physical abilities. (FG2_Pe_P 5)
29. Accept the communal environment – no choice. (FG2_Pe_P5)
30. Respect from staff (FG2_Pe_P 5)
31. Contentment with benefits – e.g health care. (FG2_Pe_P5)
32. Many spare time. (FG2_Pe_P6)
33. Changes in physiological function – pain, that have to be accepted (FG2_Pe_P6)
34. No choice – have to wait for activity conducted by the institution. (FG2_Pe_P6)
35. Accept with the fate – living in the institution. (FG2_Pe_P6)
36. Contented with benefits. (FG2_Pe_P6)
37. Comparison with living at home – improvised environment and have to plead for daily needs. (FG2_Pe_P6)
38. Changes in physiological function – pain and aches. (FG2_Pe_P7)
39. Feeling old – physiological changes (FG2_Pe_P7)
40. Not feeling the changes in functions – acceptance (FG2_Pe_P8)
41. Benefits – acceptance and good relationship with staff. (FG2_Pe_P10)
42. Social relationship with staff, (FG2_Pe_P10)
43. Acceptance from staff (FG2_Pe_P10)
44. Social relationship with visitors. (FG2_Pe_P10)
45. Hope for the future – health related hopes. (FG2_Pe_P 10)
46. Relationship with inmates (FG2_Pe_P 11)
47. Doubt about self abilities (confident) to go home (FG2_Pe_P11)
48. Hope to engage in occupations – religious related activities. (FG2_Pe_P12)
49. Hope to re establish connection with children. (FG2_Pe_P12)
50. Feeling lonely and abounded by children. (FG2_Pe_P12)
51. Hope for better health condition in the future (FG2_Pe_P13)
52. Hope to engaged in occupations – religious related activities (FG2_Pe_P13)
53. Hope to die in peace. (FG2_Pe_P13)
54. Hope for better health function in the future. (FG2_Pe_P13)

55. Hope to engage in occupational activities, therefore not feeling bored. (FG2_Pe_P14)
56. Acceptance towards lack of engagement in occupations. (FG2_Pe_P14)
57. 'What can I do' (FG2_Pe_P14)
58. Feel happy with visitors – longing for relationship (FG2_Pe_P14)
59. Hope to engage in occupations (FG2_Pe_P14)
60. Hope to establish meaningful relationship with children. (FG2_Pe_P14)
61. QoL – able to help others (doing a good deed) (FG2_Pe_P15)
62. Acceptance (*tak apalah* …) with current situations (Contentment). (FG2_Pe_P15)
63. Mechanism of acceptance – justifying – fate. (FG2_Pe_P15)
64. Used to the conditions (acceptance) (FG2_Pe_P15)
65. QoL – engagement in religious related activities. (FG2_Pe_P15)
66. Qol – good relationship with other residents / harmonious environment. (FG2_Pe_P16)
67. QoL – fulfilment of needs (basic needs). (FG2_Pe_P16)
68. QoL - Engagement in recreational activities (FG2_Pe_P16)
69. QoL – exposure to outside environment. (FG2_Pe_P16)
70. Qol /Life satisfaction – daily food (FG2_Pe_P16)
71. QoL – health benefits (FG2_Pe_P17)
72. QoL – not worry about anything else. (FG2_Pe_P17)
73. Qol – fulfilment of basic needs – food, shelter, health benefits (FG2_Pe_P17)
74. QoL – respect from staff (FG2_Pe_P17)
75. QoL – beautiful environment. (FG2_Pe_P17)
76. QoL – contentment with current life – relax. (FG2_Pe_P 17)
77. QoL – contentment – thanking God. (FG2_Pe_P17)
78. QoL – able to be independent (health status) (FG2_Pe_P17)
79. Qol – harmonious relationship in institution. (FG2_Pe_P17)
80. Need for harmonious environment. (FG2_Pe_P18)
81. QoL – fulfilment of basic needs. (FG2_Pe_P18)
82. QoL – acceptance, benefits of living in the institution (FG2_Pe_P18)
83. QoL – engagement in variety of occupations. (FG2_Pe_P19)

84. QoL – acceptance (like home). (FG2_Pe_P19)

85. QoL – relationship with other residents. (FG2_Pe_P19)

Appendix 3.24(iii): Subthemes – pre experimental phase Group 2 (Female age 60 – 75 year old)

Rules and regulations. (something about 'what can I do ?)

1. No choices(FG2_Pe_P1)
2. No choice(FG2_Pe_P5)
3. Abide with rules and regulations. (FG2_Pe_P5)
4. Apprehension (fear) to the implications e.g punishment and possibility to be discharge from the institution. (FG2_Pe_P5)
5. Have to respect authorities. (FG2_Pe_P5)
6. No choice – have to wait for activity conducted by the institution. (FG2_Pe_P6)
7. 'What can I do' (FG2_Pe_P14)

Institutional environment

1. Lack of variation in daily life – mainly focus on IADL (FG2_Pe_P1)
2. Lack of variation, similar pattern of daily occupations – eat and drink until night time. (FG2_Pe_P2)
3. Similar pattern of Daily life with other participants. (FG2_Pe_P2)
4. Physical environment promotes socialisation. (FG2_Pe_P3)
5. Lack of variety in daily life. (FG2_Pe_P3)
6. QoL – beautiful environment. (FG2_Pe_P17)

Lack of opportunity and facilities.

1. Rest and relax whilst waiting for the siren which indicates meal time. (FG2_Pe_P2)
2. Similar pattern of daily life. (FG2_Pe_P3)
3. Used to the daily life. (FG2_Pe_P3)

Social isolation and loneliness (something about relationship in institution)

1. Socialisation with friends. (FG2_Pe_P3)
2. Lack of meaningful relationship. (FG2_Pe_P4)
3. Relationship with other residents compensate with loneliness. (FG2_Pe_P4)
4. Respect from staff (FG2_Pe_P 5)
5. Benefits – acceptance and good relationship with staff. (FG2_Pe_P10)

6. Social relationship with staff, (FG2_Pe_P10)
7. Acceptance from staff (FG2_Pe_P10)
8. Social relationship with visitors. (FG2_Pe_P10)
9. Feeling lonely and abounded by children. (FG2_Pe_P12)
10. Relationship with inmates (FG2_Pe_P 11)
11. Feel happy with visitors – longing for relationship (FG2_Pe_P14)
12. QoL – able to help others (doing a good deed) (FG2_Pe_P15)
13. Qol – good relationship with other residents / harmonious environment. (FG2_Pe_P16)
14. QoL – relationship with other residents. (FG2_Pe_P19)
15. QoL – respect from staff (FG2_Pe_P17)
16. Qol – harmonious relationship in institution. (FG2_Pe_P17)

Something about personal abilities e.g doubt.

1. Doubt about abilities – physical abilities. (FG2_Pe_P 5)
2. Doubt about self abilities (confident) to go home (FG2_Pe_P11)
3. QoL – able to be independent (health status) (FG2_Pe_P17)

'Thank you' (Syukoor).

1. Not worry about anything else in life. (FG2_Pe_P2)
2. Contented with benefits obtained in the institution. (FG2_Pe_P4)
3. Contented (FG2_Pe_P5)
4. Contentment with benefits – e.g health care. (FG2_Pe_P5)
5. Contented with benefits. (FG2_Pe_P6)
6. QoL – engagement in religious related activities. (FG2_Pe_P15)
7. QoL – fulfilment of needs (basic needs). (FG2_Pe_P16)
8. QoL – not worry about anything else. (FG2_Pe_P17)
9. Qol – fulfilment of basic needs – food, shelter, health benefits (FG2_Pe_P17)
10. Qol /Life satisfaction – daily food (FG2_Pe_P16)
11. QoL – fulfilment of basic needs. (FG2_Pe_P18)
12. QoL – acceptance, benefits of living in the institution (FG2_Pe_P18)
13. QoL – contentment with current life – relax. (FG2_Pe_P 17)
14. QoL – contentment – thanking God. (FG2_Pe_P17)
15. QoL - Engagement in recreational activities (FG2_Pe_P16)
16. QoL – exposure to outside environment. (FG2_Pe_P16)
17. QoL – health benefits (FG2_Pe_P17)

Dah biasa (used to it)

1. Accept the situations, in comparison with living prior relocations. (FG2_Pe_P1)
2. Accept the benefits obtained by living in the institution. (FG2_Pe_P 2)
3. Adapted with situations. 'dah biasa'(FG2_Pe_P3)
4. Negative affect. (FG2_Pe_P4)
5. Acceptance with lack of variation, (FG2_Pe_P4)
6. Have to accept with lack of variation in daily life. (FG2_Pe_P5)
7. Have to accept the situations (FG2_Pe_P5)
8. Accept the communal environment – no choice. (FG2_Pe_P5)
9. Many spare time. (FG2_Pe_P6)
10. Comparison with living at home – improvised environment and have to plead for daily needs. (FG2_Pe_P6)
11. Acceptance towards lack of engagement in occupations. (FG2_Pe_P14)
12. Used to the conditions (acceptance) (FG2_Pe_P15)
13. QoL – acceptance (like home). (FG2_Pe_P19)

Tak apalah (it is ok) – psychological constructs.

1. Not happy with current daily life. (FG2_Pe_P4)
2. Acceptance (*tak apalah* …) with current situations (Contentment). (FG2_Pe_P15)

Fate (dah nasib) – changes in function / living in institution.

1. Changes in physiological function – pain, that have to be accepted (FG2_Pe_P6)
2. Accept with the fate – living in the institution. (FG2_Pe_P6)
3. Changes in physiological function – pain and aches. (FG2_Pe_P7)
4. Feeling old – physiological changes (FG2_Pe_P7)
5. Not feeling the changes in functions – acceptance (FG2_Pe_P8)
6. Mechanism of acceptance – justifying – fate. (FG2_Pe_P15)

Hopes for occupational engagement.

1. Hope to engage in occupations – religious related activities. (FG2_Pe_P12)
2. Hope to engaged in occupations – religious related activities (FG2_Pe_P13)
3. Hope to die in peace. – religious related activities (FG2_Pe_P13)
4. Hope to engage in occupational activities, therefore not feeling bored. (FG2_Pe_P14)

5. Hope to engage in occupations (FG2_Pe_P14)
6. QoL – engagement in variety of occupations. (FG2_Pe_P19)

Hopes of re establishing / meaningful relationship

1. Hope to re establish connection with children. (FG2_Pe_P12)
2. Hope to establish meaningful relationship with children. (FG2_Pe_P14)
3. Need for harmonious environment. (FG2_Pe_P18)

Hopes for better health in the future.

1. Hope for the future – health related hopes. (FG2_Pe_P 10)
2. Hope for better health condition in the future (FG2_Pe_P13)
3. Hope for better health function in the future. (FG2_Pe_P13)

Appendix 3.24(iv): Example of original focus group post experiment

Emergent themes	Original transcript	line	Descriptive comment
1. Variation of daily occupations – ADL, work and leisure 2. Adaptation and adjustment with the living situations – daily schedule living in the institute. 3. Compromised environment.	FASI Terima kasih saya ucapkan semua, saya ajak pak cik-pak cik semua untuk pagi ini. Saya nak tanya beberapa soalan mengenai pak cik-pak ci semua r…pak cik tak kisah kan […] SEMUA Ok […]{n} FASI Terima kasih semua. Saya nak tanya pada pak cik-pak cik semua, emm saya akan tanya seorang demi seorang. Saya mula-mula nak tanya atuk r, boleh cuba atuk ceritakan mengenai aktiviti harian yang atuk lakukan semasa berada kat sini? PoE_G1_P22 Waktu duduk di sini […] pagi, lepas minum air […] duduk buat exercise […]lepas tu […]kita duduk,kita berbual sesame kawan-kawan, yang mana boleh bercakap, bercakap la […] apabila dah cukup masa minum air […] minum air […] jadi lepas tu […] kita berbual balik dengan kawan-kawan kita semua, jadi kawan-kawan sini yang boleh bercakap, boleh mendengar mendengar, ok la, yang tak boleh bercakap, tak boleh berbual […]diam aja la […]kalau kita nak makan kita cakap dengan diorang […]kalau kita nak pergi minum air, dia panggil, kita pergi la, jangan kita bantah-bantah la […] apa yang tak betul pada makan cakap betul-betul pada diorang, jadi	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	- thanking the participants for participating in the focus groups - all in agreement. - asking participants to 'tell stories 'one by one about daily activities - morning exercise, socialisation with inmates, - choose suitable person to talk with to avoid argument. - self adaptation and adjustment with the living situations.

4. Interest in reading newspapers (not disconnected with the world) and interest in recreational activities 5. Religious classes – occupations. 6. Connected with external world and children through letter writing – establishing meaningful relationship. 7. Unexpected Physical changes as results of attending the programme 8. Independent in ADL – no help needed.	diorang, ada dengar cakap diorang, jangan kita marah, yang mana tak bagus kita tak boleh makan cakap la […] FASI Selepas waktu makan tu, apa yang atuk buat lagi pada waktu petang? PoE_G1_P22 TAK da apa-apa, kalau ada buku ke […] kita baca jer la… surat khabar semua kita baca la […] setiap minggu sekali datang kelas, ada belajar sikit-sikit dapatlah tahu, kemas katil, mandi, makan […], kalau rasan nak main congkak ke, dam ular ke […] ajak kawan lah, semua dah ada disediakan. Kadang-kadang tu tulis surat untuk anak-anak, mereka tak selalu dapat datang, jadi saya kirim suratlah […] FASI Apa lagi aktivit yang atuk buat? PoE_G1_P22 […] saya tak nampak sangat, kaki sakit. Saya tak boleh jalan betul […]tapi dulu lagi teruk, oran kena tolak saya nak datang, tapi En. E suruh jalan selalu, buat senaman. Sekarang rasa kurang sikit, boleh perfi tandas sendiri, boleh tidur nenyak sikit malam hari. Tak sangka dapat jalan balik, alhamdullilah […] panjang umur. FASI	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	- Recreational activities – reading newspaper, indoor games. - Attended religious classes, socialisation with friend, - Rest?? - Balance between OPA - ?? - Letter writing – contacting children. - confirmation question, probing. - Problem with vision and mobility, - Changes and ability to perform BADL - Contentment with changes. - asking P23 regarding the daily

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9. Connection and social interactions with other inmates. 10. Choices and awareness in occupations and health status. 11. Acceptance and adjustment with the current living situations 12. Freedom in selecting and performing favourite occupations 13. Choice of occupations – work, leisure, religious activities 14. Personal health maintenance 15. Freedom to conduct occupations.	Ok apik, ceritakan apa biasanya aktiviti yang pakcik…mengisi masa lapang ataupun aktiviti harian apik di sini […] PoE_G1_P23 Masalahnya banyak […]masa lapang kita sibuk berbual dengan kawan-kawan […]berehat […]dari berehat […]tu tengoklah pada keadaan […]apa yang boleh kita buat […] terutamanya mestilah kita jaga kesihatan kita […]lagipun […] kita selalulah mengawasi diri kita […] sakit ke […]apa maslah diri kita […] kadang-kadang kita batuk […]kadang-kadang terasa risau […] macam mana lah keadaan kampung kita, tapi bila kita dah masuk sini terpaksalah kita terima keadaan […]kita tak melupakan segala umah saudara mara k […] FASI Boleh pakcik PoE_G1_P24 ceritakan apa pakcik PoE_G1_P24 buat untuk mengisi masa lapang pakcik P26 di sini? PoE_G1_P24 Sama dengan atuk? Boleh beritahu apa yang sama dengan atuk tu? PoE_G1_P24 Kalau duduk, tak da kerja […] baca la […]Baca alquran ke yasin ke […] ada cikgu mengajar […]. ada keals agama, buat senaman pagi […] tolong kepala suruh buat kerja, angkat baju, sampah […]dan setiap pagi saya ke tempat senaman, buat senaman dan letak ubat untuk lutut saya ni.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33	occupations. - socialisation with friends , rest - Awareness in health status - Acceptance and adjustment with the living situations – forgetting relatives and home. - Daily occupations for P24 - time filled with religious activities, exercise, help in maintaining the cleanliness and physio treatment and

	Seminggu sekali saya datang kelas, dengar ceramah dan saya tengok wayang. Lagi pun saya boelh keluar bila masa aje nak ke kedai ke, beli baja pokok untuk kebun, atau saja jalan-jalan, rasa bebas [...]. rasa macam kat rumahlah, **alhamdullilah** [...] FASI Ok Apek sendiri apa yang Apek buat [...] aktiviti yang di buat pada waktu lapang terutamanya pada tiap-tiap hari? PoE_G1_P25 Yang biasa la [...] lepas bangun pagi, saya ada senam sikit la [...], kasi lurus kaki, tangan, urut sikit kaki [...] kasi kuat la [...] jangan keras, kasi ini lutut ada sikit baik [...]kalo tak exercise, kaki manyak keras, tak boleh jalan loo, lepas tu baru mandi, lepas mandi pergi sarapan la [...]jalan dengan tongkat, pelan-pelan pergi makan . Lepas makan pagi, saya jalan pelan-pelan pergi tempat exercise [...], sana ada cikgu ajar, kasi kaki kuat tak de sakit, itu kelas pun ada ajar jugak [...], ada kasi tahu kena exercise, supaya kaki kuat la, tak ada sakit [...]jangan kasi lagi teruk. Saya mahu boleh jalan la [...] kalo tak boleh jalan, banyak susah. FASI Masa petang, apa Apik selalu buat ? PoE_G1_P25 Kadang-kadang saya ada tengok wayang la, saya suka tengok wayang	34 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	recreational activities. - opportunity to expressed autonomy (going out of the institution), feeling free, feel at home.
16. Daily occupations consist of health maintenance activities, 17. Awareness with regards to the benefits of physical activities. 18. Knowledge obtained from the programme. 19. Participating in many			- speaking in Cantonese dialect. - Daily occupations – physical activities which produces personal health benefits. - Attend physio – wish to be able to walk - Programme stress the benefits of physical exercise.

recreations, socialisation and rest activities 20. Free to engage occupation inside and outside the institution.

	atuk telefon anak-anak, lega rasanya dapat dengar suara mereka […] , walaupun mereka jarang datang, atuk terima saja […], mereka pun bukanya senang, kalau ada masa lapang , tentu mereka datang. FASI Atuk rasa suka lah dengan semua tu? ATUK Suka lah […], rasa lega dalam hati, dapat dengar suara cucu, dapat belajar ilmu agama, tentulah bagus. Yang lain-lain tu tak penting sangat, lagi pun, kita dah kat sini, tak risau lagi sapa nak jaga, sentiasa ada orang, kalau sakit ada misi, kalau lapar, makanan sentiasa ada […] jadi tak kisahlah sangat tentang pekara yang lain tu. FASI Pakcik sendiri, apa yang pakcik P18 rasa selepas membuat segala aktiviti yang pakcik bagitau tadi? PoE_G1_P24 Bak kata pakcik ni ha […]senaman ni menyihatkan badan, jadi semua tu bergantung pada diri kita kalu kita ada masa lapang kita buat sendiri la […] kalau kita nak sihat badan […] kita buatla […] , lagi pun, saya ada kerja sendiri, saya tolong kepala ambik makan tengahari, tolong kasi orang makan […]	32 33 34 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	additional information and as preparation of afterlife. - Communication with children through telephone - Acceptance the circumstances with regards with his children. - feel relieve to get to hear his grandchildren and learning the religious knowledge. - Not worry about basic needs and health care as it is accessible in the institute. - repeat question, stressing the benefits. - stressing the previous points – exercise makes him feel 'fresh' and depending on the time available. - Conducting own work – helping the attendant to pick-up food and giving the food to inmates.
28. Happy with the meaningful relationship (29. Not concern about other issues e.g. basic needs, safety and healthcare, as it is always available. 30. Contentment with benefits 31. Awareness with the effect of physical exercise and the choices available – knowledge. 32. Volunteerism – helping others as preferred occupations.			

	FASI Maknanya pakcik 09 gembira lah dengan apa yang pakcik P18 buat tu? Rasa suka dengan pakcik P18 buat tu? PoE_G1_P18 Yer la apa-apa benda yang baik kita buat la […]., senaman untuk badan kita, supaya sentiasa sihat, masa tengah kuat ni […], tolong orang kan amal ibadat, dapat pahala […] lagi pun bukan dapat apa-apa,bukan buat apa-apa, jadi kita tolong-tolonglah mana yang boleh. FASI Apa yang Pak Cik rasa, perasaan pakcik sendiri, apabila pak cik buat semua yang pak cik cakap tadi? PoE_G1_P24 Masa ni tak da kerja, sebab kaki saya ni sakit, lutut saya lah ni […], ini puyn dah baik banyak dah, dulu lagi teruk, nak jalan pun susah, selalu aje minta tolong orang hantar ke bilik air. Tapi sekarang, lepas beberapa bulan datang exercise, buat apa yang belajar kat kelas tu, Alhamdullilah, saya dah boleh jalan banyak dah […], jadi bila saya boleh jalan saya rasa happy lah , saya tengok wayang, bual-bual dengan kawan-kawan kat depan sana, dah tu bila saya lapang, saya baca Quran, memang saya suka baca alquran, kitab-kita agama FASI		
33. Happy with the occupations and aware what is good for health? 34. Knowledge – effect of occupations. 35. Voluntarism as pious duty and merits – happy to help other people.			- repeating the questions aimed to capture the real meaning of the occupations to him. - conducting the 'good' things – e.g. exercise to make him feel healthy, helping other inmates give him - feeling when conducting the occupations.
36. Changes after attending the programme - independent in ADL. – unexpected 37. Contented and happy with the changes – able to perform socialisation, religious and recreational activities. 38. Freedom to perform occupations, making choices and asserts individuality.			- Not doing any work due to the knee pain which improved after the 3LP session. - Feel glad with the physical changes (able to walk again), with the recreational activities, socialisation with friends, reciting Quran and reading religious books.

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39. Able to compensate and adjust with the environment - Feel happy and calm - adaptation 40. Contented with the physical changes(G1/7/21-26) 41. Happy doing voluntary work. 42. Changes in physical status.	Perasaan pakcik PoE_G1_P24bila semua tu? PoE_G1_P24 Gembira lah [...]., rasa tenang jiwa, walau orang bising-bising ke apa ke, jiwa rasa sedap, tenteram [...] tak risau apa –apa, lagi pu dah boleh sujud dengan baik masa sembahayang [...] rasa bagus sangatlah. Pendek kata, macam-macam rasa. Lagi satu, **rasa seronok** bila dapat tolong orang lain kat sini, saya pergi ke tandas, ambik baju kotor bawak ke dobi [...] dapat buat sikit kerja, itu pun kira senaman juga, saya dapat sikit duit, rasa sihat dan kurang rasa lemah. Tak tahu saya ada tenaga nak tolak baju kotor ke dobi. FASI Apek sendiri, bila Apek buat aktivititi rutin harian, apa yang Apek rasa bila semua tu? PoE_G1_P23 Ada rasa baguslah, badan rasa **ringan, rasa sihat sikit.** Saya suka tanam pokok, tanam bunga, itu saya sudah buat, jadi hari hari saya kasi siram, kasi baja, saya juga ada tolong kepala bersihkan wad sikit sikit, kepala suruh tolong,m saya tolonglah [...] tak dapat wang, tapi tak apa, apa mahu wang, sini semua ada, tak ada susah [...] sikit-sikit tolong ada baiklah. FASI Ok sekarang ni [...] saya dah Tanya atuk perasaan atuk bila semua aktiviti	- Pleased. Spirituality he feel good, calm and composed in spite of noises around him. - Not worrying about anything else. Be able to perform proper praying sequence. - Many mixed feeling. - Happy able to help other people, benefits (monetary) and felt the physical benefits of volunteerism.
43. Feel the positive changes after performing meaningful occupations. 44. Emotional benefits and self-satisfaction for the volunteerism work. (G1/8/1-6)		- Experiencing the physical benefits performing the favourite occupations (gardening, flower potting, feel 'light') - Not gaining any reimbursement for the work performed. - Meaning of voluntary work – good for him.

45. freedom to perform occupations and making own choices 46. Self-realisation, awareness, increased knowledge regarding the important of physical activities after attending the programme.	tu, adakah, terdapat halangan atau, kesukaran atuk, untuk masa nak jalankan aktiviti harian tu? PoE_G1_P22 Kita bila dah siap minum air, lepas dari pagi tu [...] buat la kita punya aktiviti, tak da sesiapa menghalangnya, kita nak buat, kalau kita buat sememangnya dia yang suruh, aktivit senam [...]dia tak suruh lagi kita sendiri buat [...] pasal apa dia ada ajar, jadi apa yang di ajar tu kita jangan lupa, jadi cara-cara dia mengajar tu, kita buat, jadi badan kita pun sihat, senaman tu penting, jadi kita kena ingat, kalau nak sihat, kena datang buat senaman, ambik ubat. FASI Ok tu bagi atuk la [...] maknanya, atuk takda masalah la [...]pada diri atuk sendiri, maknanya tak da apa-apa halangan, tak da apa-apa lah [...] pakcik salh, apa yang menjadi halangan dan kesukaran pada P18 untuk, menjalankan aktiviti P18 semasa kat sini PoE_G1_P18 Banyak [...] FASI Halangan dia pakcik P18 [...] apa halangan pak cik P18 nak buat sesuatu kerja [...] ada pernah berlaku pada pakcik P18?	29 30 31 32 33 34 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27	- Difficulties and barriers on performing the occupations. - No barriers when performing the occupations. - Self-realisation, self-efficacy regarding the important of physical activities - Following the instructions obtained from the class when performing the physical exercises. - Increased knowledge , know how! - Plenty of barriers.

47. Personal barriers in conducting the occupations. (G1/9/8-10) 48. Benefits overcome barriers to engagement. 49. No barriers in engaging in occupations. 50. No barriers to engage in occupations. 51. Feel great with the changes in physical function. 52. Independent in occupations 53. Sense of contentment.	PoE_G1_P18 Malas tu memang tak da, kadang-kadang [...] kadang, kadang rasa penat tolak makanan, tapi saya suka buat, semua ok jer [...] FASI Maknanya pakcik P18 memang tak da halangan lah sekarang ni untuk menjalankan segala aktiviti pakcik P18 di sini? PoE_G1_P18 Yer [...] FASI Pak cik apa yang menjadi halangan pak cik untuk menjalankan aktiviti pak cik PoE_G1_P22 di sini? PoE_G1_P22 Halangan rasanaya tak ada, saya rasa suka sekarang ni, saya boleh jalan dengan betu, kurang mengah. Saya boleh sembahayang dengan betul, boleh sujud bila sembayang [...] tak macam dulu. Saya boleh jalan sampai gerai makan kat luar tu, alhamdullilah, saya rasa bagus sekarang. FASI Pak cik apa yang menjadi halangan pak cik untuk menjalankan aktiviti pak	28 29 30 31 32 33 34 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	- Exploration questions. - Personal barriers, Feeling lazy to perform the occupations and tiredness as the result of the occupations. - Personal barriers and negative implications of the occupations. I - Question for P22. - No barriers, good attitude regarding the exercise. - Percived benefits of 3LP, changes in functions, - Contentment with changes - Allowed by the staff to conducting the occupations.

	cik PoE_G1_P24 di sini?	27	
		28	
	PoE_G1_P24	29	
		30	
54. No barriers in conducting the occupation. (G1/9/29-33)	TAK da apa-apa [...]., senaman tu memang perlu, jadi sendiri kena ingatlah [...]kalau nak baik, kena datang exercise selalu, letak ubat, orang sini tak halang kalau nak pergi tengok wayang ke, main dam ke [...]	31 32 33 34	- Re state the point – occupation conducted on personal demand.
55. Self-realisation and self-efficacy with regards to the exercise performed. (G1/9/29-33)	FASI		
		1	
	Maknanya atas diri pak cik PoE_G1_P24sendiri la untuk menjalankan aktiviti tu?	2 3 4	
		5	
	PoE_G1_P25	6	
56. Increased in confident to perform occupations.		7	
	Yer [...]	8	
		9	- P25 – no barriers in performing the occupations.
	FASI	10	
		11	
	Pakcik P25 sendiri apa yang menjadai halangan kesukaran pak cik untuk, pak cik P25 [...] melakukan aktiviti harian?	12 13 14	
		15	
	PoE_G1_P25	16	
57. No barriers to engage in occupations. 58. Feel the changes in functions. 59. Feel like 'young man'.	Halangan tak da rasanya. Sekarang saya boleh jalan sampai ke 7 Eleven. Itu kira jauh juga. Saya rasa kuat sekarang. Saya rasa kurang mengah atau sakit kat kaki. Rasa seronok [...], rasa **macam orang muda** pulak ! ☺	17 18 19 20 21	- Difficulty in daily life. - Changes in elderly.
		22	
60. Similar experience by P18.	PoE_G1_18	23	- No barriers, changes in physical functions, decreased in pain, feel happy, young man.
	[...] Saya pun rasa macam tu juga , rasanya saya jadi orang muda pulak !	24 25	

	☺ ☺ FASI Maknanya rasa ok kat sini la […] PoE_G1_18. Saya rasa bebas sekarang, saya boleh keluar dari sni nak beli apa-apa, atau nak jalan-jalan di sekeliling kedai. Boleh borak dengan orang kat kedai, atau boleh dudk kat kedai kopi. Saya rasa dunia dah luas […] [PoE_G1_22 **Betul tu** […] orang kat kedai tu baik dengan saya, dia orang selalu kasi diskaun bila saya beli nasi, kadang kadang, saya datang sana nak borak aje.] FASI Ok atuk sekarang ni atuk dah meningkat usia, atuk rasa ada perubahan dengan, usia atuk ni […]? PoE_G1_P22 Sekarang bila kita dah tua, dah masuk tempat ni, perubahan tu ada la sikit, pasal apa, kebebasan kita […] di luar tak sama dengan duduk di dalam ni […]luar ni […] kita semua suka hati, pasala apa tak da orang kisahkan kita, nak makan nak minum, nak tidor apa semua […]jadi perbezaan duduk dalam dan luar tak sama […] kebagusan tu ada, terjamin, pasal apa dia jaga	26 27 28 29 30 31 32 33 34 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	- Similar with P25 - Confirmation question. - Freedom (autonomy), to go out of the institution, feel free - Socialisation with people outside the institution, given discount by the vendor (respect ?) - Changes in personal freedom
61. Sense of freedom to engage in meaningful occupations. 62. Happy with meaningful relationship with people outside the institution. 63. Agreement 64. Establishing meaningful relationship with people outside the insitution. 65. Noticed the changes in personal freedom and autonomy due to the institutional rules and regulations.(G1/10/30-34) 66. Accept the changes and adapt with the differences of living outside the institute by justifying the benefits of living in the inst			

(safety and basic needs given). (G1/10/30-34) 67. Self adaptation, adjustment and acceptance with the current environment. (G1/11/10-16) 68. Changes in religious practices in elderly. Increased knowledge ?.	[…] FASI Ok pakcik P18 sekarang ni atuk dah meningkat usia, apa perasaan pakcik P18 dengan perubahan, usia pakcik P18 ini […]? PoE_G1_P18 Perubahan pada diri saya la kan […] memang **banyak** perubahan sebab sebelum ni saya duduk di rumah […] jadi memang banyak la perubahan tu […] yang pertama kita selalu tinggalkan kelurga jadi kita terimalah keadaannya […] jadi itulah perubahan pada diri saya. Sekarang saya rasa sihat. Tak sangka. Rasaynya **boleh kawin lagi** […]. ada ramai perempuan kat sini yang boleh pilih. Rasa macam muda pulak !. FASI Ok itu perubahan pada diri pakcik P24 […]apa yang pak cik PoE_G1_P24 rasa kesan bila meningkatnya usia pada diri pakcik P24? PoE_G1_P24 Mengamalkan baca alquran untuk diri pakcik, datang kelas agama […] FASI Apa yang Apek rasa kesan bila meningkatnya usia pada diri P18? PoE_G1_P18	25 26 27 28 29 30 31 32 33 34 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	(Less freedom as compared with living on his own, autonomy in making decisions) - More security living in the institute. - Adjustment and acceptance between personal autonomy and freedom. - sentiment with the changes in age. - Question about changes in age -changes, differences in relation with environment prior relocation Acceptance Changes in health (after the programme), Future expectations – remarried. Choices. - Feel free conducting personal occupations, implication of freedom (benefits) - Focus on religious related activities, Reciting Quran more often.

69. Changes in physical functions. 70. Freedom to engage in occupations. 71. The institute as a venue for escape from personal responsibility such as basic needs for family member. 72. Thus be able to focus on other matters. 73. The institute as a suitable venue for the elderly, thanking the relatives. 74. Contented with benefits obtained.	Perubahan rasanya banyak […] tak sangka boleh jalan sampai ke 7 Eleven, kira jauh juga tu […] tak sangka boleh jalan jauh tu […] saya berhenti kalau penat […] begantung kepada mood juga. FASI Atuk rasa bila dah meningkat usia, apa kelebihan meningkat usia ni? PoE_G1_P22 Kelebihannya, senang tu ada […] senang tak payah fikir apa-apa lagi […] macam kita […] sebelum duduk sini, duduk kat luar, nak jaga makan minum anak bini, semua nak jaga, ini la kita dah […] duduk sini tak da apa lagi yang kita nak susahkan hanya jaga kesihatan diri kita sahaja […]pasal aapa, tak da apa yang kita nak susahakan […] FASI Maknanya bagi Pak Cik tempat ni menjadi kelebihan dengan usia sebegini? Ok pak cik P26 […] apa yang menjadi kelebihan […] pak cik PoE_G1_P24dengan usia pak cik PoE_G1_P24sekarang ni? PoE_G1_P24 Saya mengucapkan terima kasih […] dengan sedara mara […] mudah mudahan rezeki saya sentiasa ada… […] FASI Ok pak cik apa yang menjadi kelebihan […] pak cik P24 dengan usia pak	24 25 26 27 28 29 30 31 32 33 34 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	- Many changes, able to engaged in occupations, unexpected physical changes. - Advantages in elderly. - Advantages in living at the institute (no need to think about anything) as compared with living outside – basic needs for family and health maintenance for family members. - Thanking the family members (?) - Get admitted to the instituted ?

	cik P24 sekarang ni PoE_G1_P24 Rasanya tak da [...] FASI Ok apa harapan atuk untuk masa depan atuk? PoE_G1_P22	23 24 25 26 27 28 29 30 31 32 33 34 35	I - No advantage in elderly fro P18. - Hope for the future. - Hope for the best for himself.
75. Hope for physical health to be able to perform religious activities. 76. Making preparation for afterlife 77. Expectation towards children and staff – visit and accepted.	Harapan kita untuk kebaikan kita, jaga kesihatan kita sahaja, pasal apa [...] nak kita kejarkan apalagi pun kita dah tak da umur [...] ingat pada Allah tu jer [...] ☹ Banyakan buat persediaan [...] datang kelas ugama, banyakan baca Quran, Harap juga anak-anak datang sekali sekala melawat atuk. Saudara jauh ... jadi orang-orang kat sinilah yang atuk anggap macam anak sendiri. FASI Ok apa harapan pak cik untuk masa depan pak cik? PoE_G1_P23	1 2 3 4 5 6 7 8 9 10 11 12 13	- Hope to be physically healthy – to be able to perform religious activities as preparation. - Prepared himself by attending the religious classes and reciting Quran. - Feeling sad (crying) - Hope for the children to visit - Hope for the staff – acceptance (like his own children).
78. Hope for physical health 79. Hope for acceptance amongst friends in the friends in the institute 80. Hope to be independent 81. Hope to received benefits from the facilities.	Mintaklah kesihatan kita baik [...] biarlah orang lain dapat terima keadaan kita disini... kawan-kawan sini pun bagus, lagi [...] harap sihat, tak susahkan orang lain untuk jaga kita ... apa nak risau lagi, duit tak ada [...]tapi semua ada kat sini, walau bukan macam rumah [...] tapi semuanya cukut. Ada orang jaga kesihatan ...	14 15 16 17 18 19 20 21	- Hope for physical health - Hope for friends in the institute - Hope to be independent - Hope to received the facilities. - Contentment with benefits obtained.

82. Hope for a good life after died by making religious preparation 83. Physical expectations – to be able to perform religious activities. 84. Expectation towards children 85. Hope to have the opportunity to go outside for sigh-seeing. 86. Need for knowledge. 87. Need for more better physical conditions and socialisation. 88. Need for more outside exposure 89. Need for more socialisation and	FASI Ok apa harapan pak cik PoE_G1_P24untuk masa depan pak cik P26?. PoE_G1_P25 Harapan saya insyallah dekatkan diri dengan tuhan…. Kalau mati pun, biarlah mati dengan aman, ada iman … dapat selau datang kelas agama, dengar ceramah, belajar solat yang betul, mata masih Nampak nak baca kitab, Anak ada datang tengok sekali kala …, dapat jalan-jalan sekali kala, dapat sihatkan badan, dapat tengok pemandangan. Lagi satu, berdoa supaya badan saya sentiasa sihat, kuat, boleh jalan dan beribadat … , boleh sembahayang dengan betul [PoE_G1_P24 Rasanya untuk orang tua ni […] kita kena ada tempat baca buku. Sapa-sapa minat kat pengetahuan agama boleh pergi kat tempat tu. Orang lain yang minat pekara lain boleh pergi kat tempat tu] FASI Ok apa harapan untuk masa depan pak cik P18 ? PoE_G1_P18 Harapan nak kirakan…asalkan sihat tubuh badan macam PoE_G1_P24 kata, tak sakit […] tak dapat kemalangan …, tak ada masaalah dengan orang lain …, sejak masuk kelas ni dapat juga jalan-jalan keluar, tengok pemandangan, tengok dunia luar, tengok tempat cantik, … segar mata.	22 23 24 25 26 27 28 29 30 31 32 33 34 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	- Hope to be closer to God, able to perform religious occupations and die in peaceful and dignity, - Physical expectation and hope towards health – vision, physical health. - Hope for the children - Hope to have the opportunity to go outside the institute for visits to an interesting place to see a view. - Hope to be healthy – able to perform religious practices. - To provide library, need for information - Hope for P18. - Hope for physical health - Hope for other inmates – not to have conflicts. - Hope for sight seeing.

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communication with children. 90. Acceptance 91. Expectations towards next week. 92. Hoping for good physical health thus would be able to perform religious activities 93. hope for cognitive function 94. hope for independent. 95. Maintaining contact with children and family members. 96. QoL is related to a good physical health which needed to perform religious practices. 97. Thinking about superior power.	Kalau anak datang bagus jugak … minggu depan kita pergi Sagil, seronok tu […] FASI A pa pula harapan Pak PoE_G1_P25? PoE_G1_P25 Samalah macam orang lain, pertama kesihatan tu penting […] kalu tak sihat, macam mana nak buat kerja […] nak mandi pun tak boleh …, jadi kena buat exercise selalu macam encik kata tu …., pagi-pagi, petang … kalau tangan keras macam mana nak ibadat, lagi satu … harap jangan nyanyuk […] sampai orang lain kena jaga … kacau orang lain … susah tu , terima saja lah keadaan sekarang. Hari tu […] encik surauh anta surat dengan anak […] dah hantar , tapi tak balas lagi … tengoklah nanti […] FASI Ok sekarang itu yang bermain dalam fikiran pakcik semua tentang kualiti dan kehidupan yang bagus […] ok […] apa yang bermain dalam fikiran atuk tentang kehidupan yang bagus […] PoE_G1_P22 Sekarang ni bila kita tengok […] no 1 amal ibadat kita mahu jaga […] badan kita sihat kita boleh buat amal ibadat, saya ingat dalam usia macam ni, ingatan kita takda yang lain […] ingat pada Allah je […] itu sahaja […]	21 22 23 24 25 26 27 28 29 30 31 32 33 34 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	- Hope for children to visits. - Looking forward for next week? - Hope for P25 - Hope in physical health - Awareness regarding the important of physical exercise for health maintenance. - Hope for cognitive function. - Hope to be independent – not being inconvenience to others. - Accept with the current situations. - Hope in children – to reply letter (sent during the 3LP). - Question about quality in life. And meaning of quality in life. - Able to perform religious activities such as praying. - Physically healthy, so could perform religious rituals.

Internal locus of control. 98. Died in devotions. Ready to die. 99. QoL is related to fulfilled basic needs, no pressure in life. 100. Able to perform various occupations and rest. 101. QoL is related to solidarity and tranquillity in life. 102. Not worriers about other people. 103. Fulfilled basic needs and no	PoE_G1_P18 Mati kita dalam beriman [...] itu sahaja yang di minta [...] FASI Apa yang bermain dalam fikiran pak cik P25 tentang kehidupan yang bagus [...]? P25 Mengikut keadaan la [...] Kat sini, hidup pun bagus, segalanya ada [...] makan, orang jaga [...]dapat duit, tak ada tekanan [...] kalau nak tengok wayang ada, tengok TV boleh ... nak main pig pong pun ada, congaka ada ... tu yang jadi hidup bagus tu [...] sebab semua nak buat disediakan, tak macam dulu ...kalu penat, boleh rehat .... Masa terisi, tak boring sangat [...] tak bosan. FASI Apa yang bermain dalam fikiran pakcik tentang kehidupan yang bagus dan baik yang pakcik hadapi? [...] P18 Apa yang guru pakcik ajar itulah yang bagus.... Yang baik, hati tenang [...] baca kitab, anak-anak dah tak duduk dengan saya, jadi tak payah risau tentang dia orang, fikir diri sendiri sahaja. Tak risau pasal makan sebab dah disediakan, basuh pinggan pun tak payah [...] tak ada tekanan, tapi	20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	- Remembering God at all time. - Die in dignity and devotion. . - QoL_ Depending on the situations. - Basic needs are taken-care off, no pressure - Opportunity to perform recreational activities. - Resting - Filled time with various activities. - What is taught in the class is the best. - Solidarity and tranquillity. - Basic need are reassurance - Not thinking about the welfare of

pressure and expectation from other. 104. QoL is contentment with what was given. 105. Acceptance, adjustment and adaptation with the environment and living situations [...] 106. Engagement in occupations 107. Needs in the institution. 108. The important of physical health in life satisfaction.	bila orang marah-marah tu rasanya tak seronok … FASI Apa yang bermain dalam fikiran pak cik P25 tentang kehidupan yang bagus dan baik yang pak cik hadapi? […] PoE_G1_P25 Cukup lah…. Apa yang dapat, walaupun ada kekurangan kat sini, cadar tak ada, bantal tak ada, bilik air kotor, orang berak tak basuh …, tapi semua nya ok sahaja. Lagi pun, ada banyak benda boleh buat, masa tak terbuang aje […] peluang nak belajar, dada hiburan, kelas senaman, berkebun. Pada saya mesti ada benda nak buat, kalau tak ada […] rasa penat dan bosan, rasa macam gila pikir banyak pekara […] FASI Adakah atuk berpuas hati dengan keadaan diri atuk sekarang ni? PoE_G1_P22 Kalau nak puaskan hati kita no 1 minta pada Allah supaya sihatkan tubuh badan kita […] badan kita sihat, dapat kita beribadat kepada dia […] FASI Adakah pak cik P23 berpuas hati dengan keadaan diri pak cik P23 sekarang ni?	19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	children. - No pressure. - Quality in life for P25. - Contented with the constrains and limitations. - SE and acceptance towards the living situations. (living with the underprivileged environment) - Life adaptation with the physical limitations in the institute. - QoL – engagement in occupations - Question regarding satisfaction with life. - Praying for God to provide a good health, thus be able to worship God.

109. Contented with physical health conditions and socialisation opportunity. 110. Contentment with benefits obtained. 111. Self efficacy towards personal capacities. 112. Hoping for good physical health	PoE_G1_P23 Alhamdullilah, Saya minta pada Allah supaya sihatkan saya […] dapatlah jumpa kawan-kawan […] FASI Adakah pak cik PoE_G1_P24berpuas hati dengan keadaan diri pak cik PoE_G1_P24sekarang ni? PoE_G1_P25 Puas hati ☺ […] saya nak ucapkan terima kasih pada tempat ni […] , kalau kaki sakit, saya kena cari ubat, enan cuci kaki dulu […], kalau saya ada masaalah […], saya kasi tahu kepaala. FASI Adakah pak cik P26 berpuas hati dengan keadaan diri pak cik PoE_G1_P24sekarang ni? PoE_G1_P24 Saya memang puas hati […] saya boleh tolong orang, […] rasa **bangga** dapat tolaong orang kat wad walau pun dah tua macam ni. Saya masih boleh tolong orang lain walau pun tak **ada sapa bayar** […] rasa **bangga**. ☺ Lagi pun, masa kat rumah dulu saya selalu tolong ornag […] sekarang saya tak ada apa nak pikir, jadi saya tolong orang paa – apa yang boleh […] tolong orang kan dapat pahala, betul tak ?	18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	- Contented with was given, pray for physical health, hope to be able to see friend again. - Hopes for re connecting with former friends (meaningful relationships). - Satisfied with life, - Thanking for living in the institute. (benefits of living in the institution) - Satisfied with life. ability to help others. - Similar occupation prior re engagement.

113. to be able to worship God whilst waiting to die. 114. Preparation for afterlife.

	hati dalam kehiduapan pakcik [...]?	16	
		17	
I	PoE_G1_P25	18	
		19	
118. Acceptance and adjustment with physical changes, communication with children and hoping not to get worse.	Tak banyak…. Tentang anak-anak yang tak selau datang, tapi kena fahamlah, dia orang ada hidup sendiri …, kesihatan ok aje [...] sakit sikit tu dah biasalah, dah tua [...] masa muda dulu ye sihat, tapi dah tua, kena terimalah [...] Cuma harap tak jadi teruk sangat, lagi satu kadang-kadang 'kepala' marah-marah, tak baguslah macam tu [...] kita kan dah tua, kenalah hormat sikit. Dulu memang terkongkong sangat , duduk dalam ni aje, tapi sekarang ni kerap keluar … [...]jalan-jalan, jadi tu bagulah, dapat jalan-jalan, tengok pemandangan luar	20 21 22 23 24 25 26 27 28 29 30 31	- Not many dissatisfaction in life. - Dissatisfaction with the visit from children – acceptance with the situations. - Accept and adjust with the physical changes, hope not to get worse. - Good relationship with the attendant. - Hope for sigh-seeing outside the institute. -
119. Hoping for a good relationship with other people.			
120. Hoping for outside exposure.			
	FASI	32	
		33	
	Ok atuk rasa puas hati dengan kesihatan atuk sekarang ni?	34	
		35	
	PoE_G1_P22		
121. Contented with physical health and thanking to God.	Kesihatan hari ni Alhamdulillah [...]syukur pada Allah	1 2 3	- Good health. Contented with current health status.
	FASI	4	
		5	
	Ok apakah pak cik rasa puas hati dengan kesihatan pakcik sekarang ni?	6	
		7	- Accepted and adapted with the physical changes in elderly
	PoE_G1_P18	8 9	
		10	
	Biasa je…., sakit tu biasalah … kenalah terima keadaan	11	- Satisfied with health P26.
122. Adjustment and acceptance with health state and current life.	FASI	12 13 14	

123. Contented and thankful with current health state. 124. Satisfied with current health status 125. Satisfaction with current life – able to perform various occupations, work, rest and leisure activities 126. autonomy to perform occupations, making own choices and assert individuality 127. autonomy for socialisation.	Ok apakcik P26 rasa puas hati dengan kesihatan pakcik sekarang ni? PoE_G1_P24 Alhamdulillah sihat [...] rasanya nak main badminton besok, saya **selalu** main dulu. FASI Ok apakah pak cik P23 rasa puas hati dengan kesihatan pakcik sekarang ni? P23 Saya rasa ok [...] Puas hati juga … dulu memang boring, tak ada benda nak buat …, hari-hari sama aje, sekarang ni dah lain , boleh keluar [...] beli makanan, ada permainan bingo, dapat hadiah [...] macam-macamlah… jadi tak bosan sangat, badan pun rassa sihat bila jalan-jalan, **tidor pun sedap aje** bila dah letih tu ☺…., rasa tak terkongkong sangat … hiburan pun ada, boleh karaoke, boleh main permainan, boleh ikut majlis kawan , macam-macam. FASI Ok [...] saya ucapkan terima kasih pada semua [...]	15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 1 2 3 4 5 6 7 8	- Contented with health. Need to engage as occupation prior relocation. - P23 satisfied with health. - Comparing personal activities before and after the 3LP – work, recreations, ADL. - Freedom to perform occupations and opportunity to socialised with friends through social and recreational activities. - Thanking the participants.

FOCUS GROUP - GROUP 3 – MALE (60 – 75 YRS OLD) – ward G, 10 am

Appendix 3.24(v): Focus group 1 : Preliminary list of themes (Focus group 1 post experimental phase)

1. Daily occupations – ADL, work and leisure FG1_Po_P1)
2. Adaptation and adjustment with the living situations – daily schedule living in the institute. FG1_Po_P1)
3. Compromised environment. FG1_Po_P1)
4. Interest in reading newspaper (not disconnected with the world) and interest in recreational activities FG1_Po_P2)
5. Religious classes – occupations. FG1_Po_P2)
6. Connected with external world and children through letter writing – establishing meaningful relationship. FG1_Po_P2)
7. Unexpected Physical changes as results of attending the programme FG1_Po_P2)
8. Independent in ADL – no help needed. FG1_Po_P3)
9. Connection and social interactions with other inmates. FG1_Po_P3)
10. Choices and awareness in occupations and health status. FG1_Po_P3)
11. Acceptance and adjustment with the current living situationsFG1_Po_P3)
12. Freedom in selecting and performing favourite occupations FG1_Po_P3)
13. Choice of occupations – work, leisure, religious activities FG1_Po_P3)
14. Personal health maintenance FG1_Po_P3)
15. Freedom to conduct occupations. FG1_Po_P4)
16. Daily occupations consist of health maintenance activities, FG1_Po_P4)
17. Awareness with regards to the benefits of physical activities. FG1_Po_P4)
18. Knowledge obtained from the programme. FG1_Po_P4)
19. Participating in many recreations, socialisation and rest activities FG1_Po_P5)
20. Free to engage occupation inside and outside the institution. FG1_Po_P5)
21. Feel the improvement in health after the exercises. FG1_Po_P5)
22. Happy participating in recreational activities. FG1_Po_P5)
23. Feel the improvement in health after the exercise FG1_Po_P5)
24. Opportunity to meet other people during the session. FG1_Po_P5)
25. Fulfilling the desire to acquire knowledge. FG1_Po_P5)
26. Maintaining connection with family members – meaningful relationship FG1_Po_P5)
27. Accepting the circumstances. FG1_Po_P6)
28. Happy with the meaningful relationship FG1_Po_P6)
29. Not concern about other issues e.g. basic needs, safety and healthcare, as it is always available. FG1_Po_P6)
30. Contentment with benefits FG1_Po_P6)

31. Awareness with the effect of physical exercise and the choices available – knowledge. FG1_Po_P6)
32. Volunteerism – helping others as preferred occupations. FG1_Po_P6)
33. Happy with the occupations and aware what is good for health. FG1_Po_P7)
34. Knowledge – effect of occupations. FG1_Po_P7)
35. Voluntarism as pious duty and merits – happy to help other people. FG1_Po_P7)
36. Changes after attending the programme.- independent in ADL. – unexpected FG1_Po_P7)
37. Contented and happy with the changes – able to perform socialisation, religious and recreational activities. FG1_Po_P7)
38. Freedom to perform occupations, making choices and asserts individuality. FG1_Po_P7)
39. Able to compensate and adjust with the environment - Feel happy and calm – adaptation FG1_Po_P8)
40. Contented with the physical changes FG1_Po_P8)
41. Happy doing voluntary work. FG1_Po_P8)
42. Changes in physical status. FG1_Po_P8)
43. Feel the positive changes after performing meaningful occupations. FG1_Po_P8)
44. Emotional benefits and self-satisfaction for the volunteerism work. FG1_Po_P8)
45. freedom to perform occupations and making own choices FG1_Po_P9)
46. Self-realisation, awareness, increased knowledge regarding the important of physical activities after attending the programme. FG1_Po_P9)
47. Personal barriers in conducting the occupations FG1_Po_P10)
48. Benefits overcome barriers to engagement. FG1_Po_P10)
49. No barriers in engaging in occupations. FG1_Po_P10)
50. No barriers to engage in occupations.
51. Feel great with the changes in physical function. FG1_Po_P10)
52. Independent in occupations FG1_Po_P10)
53. Sense of contentment. FG1_Po_P10)
54. No barriers in conducting the occupation. FG1_Po_P11)
55. Self-realisation and self-efficacy with regards to the exercise performed. FG1_Po_P11)
56. Increased in confident to perform occupations. FG1_Po_P11)
57. No barriers to engage in occupations. FG1_Po_P11)
58. Feel the changes in functions. FG1_Po_P11)
59. Feel like ‘young man’. FG1_Po_P11)
60. Similar experience by P18. FG1_Po_P12)
61. Sense of freedom to engage in meaningful occupations. FG1_Po_P12)
62. Happy with meaningful relationship with people outside the institution. FG1_Po_P12)
63. Agreement FG1_Po_P12)

64. Establishing meaningful relationship with people outside the institution. FG1_Po_P12)
65. Noticed the changes in personal freedom and autonomy due to the institutional rules and regulations FG1_Po_P12-P13)
66. Accept the changes and adapt with the differences of living outside the institute by justifying the benefits of living in the inst (safety and basic needs given). FG1_Po_P13)
67. Self adaptation, adjustment and acceptance with the current environment. FG1_Po_P13)
68. Changes in religious practices in elderly. Increased knowledge ?. FG1_Po_P13)
69. Changes in physical functions. FG1_Po_P14)
70. Freedom to engage in occupations. FG1_Po_P14)
71. The institute as a venue for escape from personal responsibility such as basic needs for family member. FG1_Po_P14)
72. Thus be able to focus on other matters. FG1_Po_P14)
73. The institute as a suitable venue for the elderly, thanking the relatives. FG1_Po_P14)
74. Contented with benefits obtained. FG1_Po_P15)
75. Hope for physical health to be able to perform religious activities. FG1_Po_P15)
76. Making preparation for afterlife FG1_Po_P15)
77. Expectation towards children and staff – visit and accepted . FG1_Po_P15)
78. Hope for physical health FG1_Po_P16)
79. Hope for acceptance amongst friends in the friends in the institute FG1_Po_P16)
80. Hope to be independent FG1_Po_P16)
81. Hope to receive benefits from the facilities. FG1_Po_P16)
82. Hope for a good life after died by making religious preparation FG1_Po_P16)
83. Physical expectations – to be able to perform religious activities. FG1_Po_P16)
84. Expectation towards children FG1_Po_P16)
85. Hope to have the opportunity to go outside for sigh-seeing. FG1_Po_P16)
86. Need for knowledge. FG1_Po_P16)
87. Need for better physical conditions and socialisation. FG1_Po_P17)
88. Need for more outside exposure FG1_Po_P17)
89. Need for more socialisation and communication with children. FG1_Po_P17)
90. Acceptance FG1_Po_P17)
91. Expectations towards next week. FG1_Po_P17)
92. Hoping for good physical health thus would be able to perform religious activitiesFG1_Po_P17)
93. hope for cognitive functionFG1_Po_P17)
94. hope for independent. FG1_Po_P17)
95. Maintaining contact with children and family members. FG1_Po_P17)

96. Qol is related to a good physical health which needed to perform religious practices. FG1_Po_P18)
97. Thinking about superior power. Internal locus of control. FG1_Po_P18)
98. Died in devotions. Ready to die. FG1_Po_P18)
99. Qol is related to fulfilled basic needs, no pressure in life. FG1_Po_P18)
100. Able to perform various occupations and rest. FG1_Po_P18)
101. QoL is related to solidarity and tranquillity in life. FG1_Po_P19)
102. Not worriers about other people. FG1_Po_P19)
103. Fulfilled basic needs and no pressure and expectation from other. FG1_Po_P19)
104. QoL is contentment with what was given. FG1_Po_P19)
105. Acceptance, adjustment and adaptation with the environment and living situations FG1_Po_P19)
106. Engagement in occupations FG1_Po_P19)
107. Needs in the institution. FG1_Po_P19)
108. The important of physical health in life satisfaction. FG1_Po_P20)
109. Contented with physical health conditions and socialisation opportunity. FG1_Po_P20)
110. Contentment with benefits obtained. FG1_Po_P20)
111. Self efficacy towards personal capacities. FG1_Po_P20)
112. Hoping for good physical health FG1_Po_P21)
113. to be able to worship God whilst waiting to die. FG1_Po_P21)
114. Preparation for afterlife. FG1_Po_P21)
115. Dissatisfaction with physical infrastructure. FG1_Po_P21)
116. Plan for future. FG1_Po_P21)
117. Adjustment and acceptance towards the life in the institute. FG1_Po_P21)
118. Acceptance and adjustment with physical changes, communication with children and hoping not to get worse. FG1_Po_P22)
119. Hoping for a good relationship with other people. FG1_Po_P22)
120. Hoping for outside exposure. FG1_Po_P22)
121. Contented with physical health and thanking to God. FG1_Po_P22)
122. Adjustment and acceptance with health state and current life. FG1_Po_P23)
123. Contented and thankful with current health state. FG1_Po_P23)
124. Satisfied with current health status FG1_Po_P23)
125. Satisfaction with current life – able to perform various occupations, work, rest and leisure activities FG1_Po_P23)
126. autonomy to perform occupations, making own choices and assert individuality FG1_Po_P24)
127. autonomy for socialisation. FG1_Po_P24)

P = page number in main transcripts, FG= focus group, Po = Post experimental.

Appendix 3.24 (vi): Subthemes for Focus group 1 post experimental stage

A. Variation of occupation in daily life.

- Daily occupations – ADL, work and leisure FG1_Po_P1)
- Daily occupations consist of health maintenance activities, FG1_Po_P4)
- Choice of occupations – work, leisure, religious activities FG1_Po_P3)
- Engagement in occupations FG1_Po_P19)
- No barriers to engage in occupations FG1_Po_P10)
- Volunteerism as a pious duty - happy to help other people. FG1_Po_P7)

B. Meaningful occupations (like home)

- Interest in reading newspapers (not disconnected with the world) and interest in recreational activities FG1_Po_P2)
- Religious classes – occupations. FG1_Po_P2)
- Personal health maintenance FG1_Po_P3)
- Participating in many recreations, socialisation and rest activities FG1_Po_P5)
- Volunteerism – helping others as preferred occupations. FG1_Po_P6)
- Making preparation for afterlife FG1_Po_P15)

C. Unexpected changes (benefits)

- Unexpected physical changes as a result of attending the programme FG1_Po_P2)
- Feel improvements in health after exercise FG1_Po_P5)
- Changes in physical functions. FG1_Po_P14)
- Feeling the changes in functions. FG1_Po_P11)
- Feeling like 'young man'. FG1_Po_P11)
- Similar experience to P18. FG1_Po_P12)
- Independent in occupations FG1_Po_P10)
- Benefits overcome barriers to engagement. FG1_Po_P10)
- Feeling great about the changes in physical function. FG1_Po_P10)
- Independent in ADL – no help needed. FG1_Po_P3)
- Feeling the improvements in health after the exercises. FG1_Po_P5)
- Changes after attending the programme - independent in ADL – unexpected FG1_Po_P7)
- Changes in physical status. FG1_Po_P8)
- Able to perform various occupations and rest. FG1_Po_P18)

D. Confidence in engaging in occupations.

- Increase in confidence to perform occupations. FG1_Po_P11)

E. Sense of freedom (autonomy), barriers to engagement.

- Freedom in selecting and performing favourite occupations FG1_Po_P3)
- Freedom to conduct occupations. FG1_Po_P4)
- Freedom to perform occupations, making choices and asserting individuality. FG1_Po_P7)
- Freedom to perform occupations and making own choices FG1_Po_P9)
- Sense of freedom to engage in meaningful occupations. FG1_Po_P12)
- Freedom to engage in occupations. FG1_Po_P14)
- Autonomy to perform occupations, making own choices and asserting individuality FG1_Po_P24)
- Autonomy in socialisation. FG1_Po_P24)
- Noticed the changes in personal freedom and autonomy due to the institutional rules and regulations FG1_Po_P12-P13)
- Free to engage in occupation inside and outside the institution. FG1_Po_P5)
- No barriers in conducting the occupation. FG1_Po_P11)
- No barriers to engage in occupations. FG1_Po_P11)
- No personal barriers in conducting the occupations FG1_Po_P10)

F. Increased knowledge and awareness.

- Need for knowledge. FG1_Po_P16)
- Changes in religious practices in the elderly. Increased knowledge? FG1_Po_P13)
- Self-realisation, awareness, increased knowledge regarding the importance of physical activities after attending the programme. FG1_Po_P9)
- The importance of physical health in life satisfaction. FG1_Po_P20)
- Fulfilling the desire to acquire knowledge. FG1_Po_P5)
- Choices and awareness in occupations and health status. FG1_Po_P3)
- Awareness with regards to the benefits of physical activities. FG1_Po_P4)
- Knowledge obtained from the programme. FG1_Po_P4)
- Awareness with the effect of physical exercise and the choices available – knowledge. FG1_Po_P6)
- Knowledge – effect of occupations. FG1_Po_P7)

G. Having meaningful social relationships

- Connected with external world and children through letter writing – establishing meaningful relationships. FG1_Po_P2)
- Connection and social interactions with other inmates. FG1_Po_P3)
- Opportunity to meet other people during the session. FG1_Po_P5)
- Maintaining connection with family members – meaningful relationship FG1_Po_P5)
- Happy with the meaningful relationship FG1_Po_P6)
- Happy with meaningful relationships with people outside the institution. FG1_Po_P12)
- Establishing meaningful relationships with people outside the institution. FG1_Po_P12)
- Maintaining contact with children and family members. FG1_Po_P17)
- Expectation towards children FG1_Po_P16)
- Expectation towards children and staff – visits and acceptance. FG1_Po_P15)

H. Hopes and direction in life / purpose in life / future

- Hoping for good physical health FG1_Po_P21)
- Hoping for good relationships with other people. FG1_Po_P22)
- Hoping for outside exposure. FG1_Po_P22)
- Plans for future. FG1_Po_P21)
- Preparation for afterlife. FG1_Po_P21)
- Hoping for good physical health, so would be able to perform religious activitiesFG1_Po_P17)
- Hope for cognitive functionFG1_Po_P17)
- Hope for independence. FG1_Po_P17)
- Hope to have the opportunity to go outside for sight-seeing. FG1_Po_P16)
- Hope for physical health FG1_Po_P16)
- Hope for acceptance amongst friends in the friends in the institute FG1_Po_P16)
- Hope to be independent FG1_Po_P16)
- Hope to receive benefits from the facilities. FG1_Po_P16)
- Hope for a good life after death by making religious preparation FG1_Po_P16)

- Hope for physical health to be able to perform religious activities. FG1_Po_P15)
- Expectations towards next week. FG1_Po_P17)
- Death and devotions. Ready to die. FG1_Po_P18)
- To be able to worship God whilst waiting to die. FG1_Po_P21)
- Physical expectations – to be able to perform religious activities. FG1_Po_P16)
- Thinking about a superior power. Internal locus of control. FG1_Po_P18)

I. Psychological benefits – positive affect, self efficacy,

- Happy participating in recreational activities. FG1_Po_P5)
- Happy with the occupations and aware of what is good for health. FG1_Po_P7)
- Contented and happy with the changes – able to take part in socialisation, religious and recreational activities. FG1_Po_P7)
- Happy doing voluntary work. FG1_Po_P8)
- Feeling the positive changes after performing meaningful occupations. FG1_Po_P8)
- Self efficacy in personal capacities. FG1_Po_P20)
- Self-realisation and self-efficacy with regards to the exercise performed. FG1_Po_P11)
- Not worried about other issues e.g. basic needs, safety and healthcare, as it is always available. FG1_Po_P6)
- Emotional benefits and satisfaction in the volunteer work. FG1_Po_P8)
- The institute as a venue for escape from personal responsibilities such as basic needs of family members. FG1_Po_P14)
- Not worried about other people. FG1_Po_P19)
- Fulfilled basic needs and no pressure and expectations from others. FG1_Po_P19)

J. Contentment (syukoor) and acceptance

- Sense of contentment. FG1_Po_P10)
- Contented with benefits obtained. FG1_Po_P15)
- Acceptance FG1_Po_P17)
- Contented with physical health conditions and socialisation opportunity. FG1_Po_P20)
- Contentment with benefits obtained. FG1_Po_P20)
- Qol is related to good physical health needed to perform religious practices. FG1_Po_P18)

- Qol is related to fulfilled basic needs, no pressure in life. FG1_Po_P18)
- QoL is related to solidarity and tranquillity in life. FG1_Po_P19)
- Acceptance of, and adjustment and adaptation to the environment and living situation FG1_Po_P19)
- Adjustment and acceptance of health state and current life. FG1_Po_P23)
- Contented and thankful for current health state. FG1_Po_P23)
- Satisfied with current health status FG1_Po_P23)
- Satisfaction with current life – able to perform various occupations, work, rest and leisure activities FG1_Po_P23)
- Adjustment and acceptance towards the life in the institute. FG1_Po_P21)
- Acceptance and adjustment to physical changes, communication with children and hoping not to get worse. FG1_Po_P22)
- Contented with physical health and thanking God. FG1_Po_P22)
- QoL is contentment with what has been given. FG1_Po_P19)
- Self adaptation, adjustment and acceptance with the current environment. FG1_Po_P13)
- Accepting the changes and adapting to the differences of living outside the institute by justifying the benefits of living in the institution (safety and basic needs given). FG1_Po_P13)
- Contented with the physical changes FG1_Po_P8)
- Contentment with benefits FG1_Po_P6)
- Acceptance of and adjustment to the current living situationsFG1_Po_P3)
- Adaptation and adjustment to the living situation – daily schedule of living in the institute. FG1_Po_P1)
- Compromised environment. FG1_Po_P1)
- Accepting the circumstances. FG1_Po_P6)
- Able to compensate and adjust to the environment - feeling happy and calm – adapting FG1_Po_P8)
- Thus be able to focus on other matters. FG1_Po_P14)
- The institute as a suitable venue for the elderly, thanking relatives. FG1_Po_P14)

K. Need more benefits

- Need for better physical conditions and socialisation. FG1_Po_P17)
- Need for more outside exposure FG1_Po_P17)
- Need for more socialisation and communication with children. FG1_Po_P17)

Dissatisfaction with physical infrastructure. FG1_Po_P21)

P = page number in main transcripts. , FG = focus groups, Po= post experimental stage.

Appendix 3.25: Safety protocol - group sessions

Issues

Shelter and protection

1. The session must be conducted in a comfortable, well ventilated and venue suitable for the participants.
2. Participants must feel safe and secure.
3. Participants must be familiar with the layout of the room. Provide explanation regarding the exits.
4. Look for a room that is near a lavatory for the convenience of participants who suffer from incontinence.
5. Make sure drinking water is available for participants who require to take regular medications and to avoid dehydration.

Safety

1. Every participant is responsible for their own safety and health.
2. Use specific tools for specific tasks. Ask for assistance when handling unknown materials or objects.
3. Avoid activities that require heavy lifting, excessive bending, rotations that are contradictory to the physical conditions of the participant. If necessary, teach proper lifting techniques, energy conservation and follow a joint protection programme.
4. Identify participants who are diagnosed as having heart related conditions such as hypertension, muscular skeletal condition such as arthritis or osteoporosis or pain.
5. Therapist should observe signs of hypoxia, e.g. shortness of breath, signs of chest pain during the activities, dizziness, vertigo and syncope.
6. Avoid potentially hazardous areas, such as slippery areas, areas with curbs and high steps.
7. Remind the participants to indicate to therapist or any other person if they have chest pain, shortness of breath, muscular skeletal pain.
8. Avoid creating potential hazards whilst conducting the activities, such as spills and untidy sharp objects.
9. Any pain, injury, fall or discomfort associated with individualised occupations / group sessions should be reported to the ward attendant, nurse and therapists.
10. Respect other participants during group activities. Avoid physical and verbal abuse. Any misconduct will be reported to the management of the institution.
11. Ensure steps and hallways are not obstructed, are in good condition and have good lighting.

12. Always put on proper footwear and clothes appropriate for the activities. For participants who wear glasses, ensure that the glasses are available and worn throughout the session.
13. Always take medications prescribed at the right time.

Appendix 3.26: Safety protocol - Individual sessions

Issues

Shelter and protection.

1. The individual meetings will be conducted in a comfortable, well ventilated and suitable venue for the participants.
2. Participants must feel safe and secure and have sense of privacy.
3. A room that is located near a lavatory is preferable for the convenience of participants who suffer from incontinence.
4. To abide with the cultural values and religious beliefs, meeting should be in an open area or in the company of other persons (staff or students), especially for female participants.

Safety during engagement in individual sessions and individual occupations

1. Every participant is responsible for their own safety and health.
2. Use of specific tools for specific tasks. Ask for assistance when handling unknown materials or objects.
3. Identify participants with heart related conditions such as hypertension, musculo-skeletal condition such as arthritis or osteoporosis or pain.
4. Individual occupation must match (safely and appropriately) individual physical conditions. In addition, the occupations must be meaningful, valued and individualised occupations.
5. If the individualised and meaningful occupations do not match physical capacity, suggest alternatives or modify the occupations e.g. use of adaptive equipment and or modification of environment.
6. Avoid activities that require heavy lifting, excessive bending, rotations that are contradictory to the physical conditions of the participants. If necessary, teach proper lifting techniques, energy conservation and joint protection.
7. Therapist should be observant of sign of hypoxia, e.g. shortness of breath, chest pain during the activities, dizziness, vertigo and syncope.
8. Avoid potentially hazardous areas, such as slippery areas, areas with curbs and high steps.
9. Reminded the participants to indicate to therapist or any other person if they have chest pain, shortness of breath, musculo-skeletal pain.
10. Avoid creating potential hazards whilst conducting the activities, such as spills and untidiness, especially with sharp objects.

11. Any pain, injury, fall or discomfort associated with individualised occupations / group session should be communicated to the ward attendant, nurse and therapists.
12. Respect for other participants during group activities. Avoid physical and verbal abuse. Any misconduct will be reported to the management of the institution.
13. Ensure steps, hallway are not obstructed and are in good conditions and have good lighting.
14. Always wear footwear and clothes appropriate to the activities. For participants who wear glasses, ensure that the glasses are available and worn throughout the session.
15. Always take medication prescribed at the right time.
16. Take meals on time to ensure the energy level is maintained during the occupations.

Appendix 4.1: List of activities conducted by the staff institute since the commencement of 3LP (December 2007 – June 2008)

No	Name of the activity	Date of the activity conducted	Aim of the activity.
1	Visit to Melaka town	December 2007	Exposure to outside environment Social and recreational purpose. Conducted by staff, for selected participants (independent and healthy elderly people). Number of participants: 30 elderly people. Mostly from healthy ward C.
2	Annual dinner (internal)	January 2008	Celebration of New Year. Conducted by staff, supported by private company. Open for staff and health elderly people. Dinner was held in the institution. Number of participants: 45-60 elderly people.
3	Visit to botanical garden	January 2008	Conducted by staff Aim to expose elderly people to outside environment, encourage socialisation, and promote health. Open to healthy elderly people – who are able to walk and independent in ADL. Number of participants: 25-30 elderly people. Mostly participants from ward C and D.
4	Trip to the beach	Mach 2008	Conducted by the student nurses Aim to provide exposure, recreation and establishing relationship with the students. Open to independent elderly people and selected cases.

			Number of participants: 20-25 elderly people.
5	Sukanika (telematch)	April 2008	Conducted by the staff. Aim to occupy time, promote health, provide reinforcement, establish relationship with staff and other residents. Open for health elderly people. Number of participants : 30 - 50 elderly people.

Appendix 4.2: Differences and similarities between 3LP and Lifestyle redesign (Clark, et al., 1997), Horowitx & Chang (2004) and Lifestyle Matters (2007)

Areas	Clark et al (1997)	Horowitz & Chang (2004)	Mountain & Craig (2007)	3LP
Project name	Lifestyle redesign	(? Lifestyle redesign).	Lifestyle Matters	Lively later Life Programme (3LP)
Participants / Location	Community well elderly people. USA. (361 subjects) OT group = 122 people. social group activity = 120 people Non-treatment (control) = 119 people. 143 in cohort 1, 122 in cohort 2,	Frail, at risk or chronically ill older adults, mark limitation in SF36 Location – adult day programme, New York. frail community living elderly 28 individuals (18 women and 12 men) Predominantly Caucasian Mean age 74.3 Had range of chronic illnesses – COPD, diabetes, spinal stenosis. Recruitment – poster/ video on site	For community, well elderly people. UK Conducted in 2004/2005 – North England. 27 elderly people.	Institutionalised elderly people. Malaysia Total participants = 82 46 experimental group, 36 control group.
Identification of needs for health Feasibility study	Need evaluation was conducted through qualitative interviews with	No pilot study.	Pilot study to develop content (consultation with older people).	Literature review (normative, expressed and felt needs).

/ pilot study **Need analysis**	29 elderly people to identify and determine the participants meaning of occupation and everyday experiences. .			Sedentary lifestyle as a result of occupation deprivation, lack of meaningful relationships and psychological issues. No pilot study.
Aim & objectives	Aims : enable the elderly to see the value of their occupation and the effect on their life, the effect of participation in daily life	Giving opportunity to elderly people to Analyse the daily activity (occupation) develop personal intervention strategies to maximise ability to engage in the daily occupation	Aims - to determine whether older people will be interested in the programme and would want to participate in it, what is the programme, how to recruit the older people, how health gain can be measured in UK populations.	Promote health awareness; facilitate enhancement in health through lifestyle redesign and engagement in meaningful and individualised occupations.
Theoretical framework		Health through occupation, meaningful occupation necessary for physical/mental wellbeing	Health promotion	Health promotion and education (lifestyle redesign), occupational therapy theory (health

		Bandura's perspective on self-efficacy		through occupation), self efficacy (SEEP).
Research Methodology	Randomization – using computer generated random numbers, blocking factor of 6. 1 – 3 treatment groups (OT group, social group activity, non-treatment (control). Blind – discouraged participants from discussing with others	28 randomly assigned to treatment group and control group (usual day programme) to ADL Facilitated by OT Explored specific topics, provide printed information	Group A = core and active elderly Group B = more frail elderly Age – 61 – 92 years old (mean = 78.5) Samples have many physical illnesses. e.g. arthritis, stroke, falls , angina.	Concurrent embedded dominant status experimental mixed model design. (QUANT + Quali)
Approaches to health promotion	Occupational therapy,	Modelled on the Well Elderly Programme – focus on daily routine, physical & mental activity, nutrition and dining, medication, home and community safety, assistive		Behaviour change approach, educational approach, and client-centred approach.

		technology to support function		
Duration	2 hrs/week, 9 hours of individual OT for 9 months. Administered by OT, received 10 hours of instruction, blind to study hypothesis. 10 elderly people in each group	16 weeks (4 months) Experimental group – 1 ½ hour session and individual programme – home visit, home modification, addressing specific interests and need to be independent in participation	2 hrs group intervention / week for 8 months Group A – facilitated by OT Group B – facilitated by facilitator / technical instructor. All participants received 1 visit / month – to help identify goals and discuss how to realise them.	2hrs/week group session for 24 weeks (6 months), I hr individual session for 6 months. Total contact for exp. Group = 54 hours.
Model for health promotion.	Health Promotion, empowered community-living, independent elderly people.			Active Ageing Model (WHO, 2002).
Core content / Characteristics of the	Occupational science Health through occupation (occupational therapy).	Session starts with open-ended question, facilitated discussion, opportunity to share ideas and	Programme content: 29 sessions – based on number of themes that	Individualised occupation. Meaningful occupation.

programme.	Conventional OT Dynamic system theory **OT programme.** Key point – help patient to better appreciate the importance of meaningful activities in life, impart knowledge about how to select or perform activity to achieve a healthy and satisfying lifestyle. Main topics – home, community safety, transportation, adaptive equipment, energy conservation, exercise and nutrition. Social programme	pose questions <u>End of the session</u> – summarized information, provide their perspective, with attention to the relationship between routines, engagement in life occupation, life satisfaction, health and wellbeing, provide interaction and foster interpersonal relationship. Handouts, video, experiential activities Example – benefits of exercise and level of regular activity. Exercise video to help participate in the experience and foster understanding between favourite physical	reflect current body of knowledge and literature. Themes are: importance of activity to health and celebration of achievement in life, maintaining physical and mental wellbeing, personal issues, e.g. dealing with finance and spirituality. Safety and home and community. Facilitator from OT and OTA – 2 days training / workshop Programme location – church, sheltered house, local halls, healthy living centre.	Multilayered component content – individual and group sessions, nine core themes, addressing barriers, facilitating empowerment, use of occupational analysis, provision of theory and practical sessions, provision of motivational component (SEEP).

	activities designed to encourage socialization and interaction. Outing, crafts, games, dance (tailored to the interests of the participants) Control group - no intervention applied.	activity, stress management and relaxation. Nutrition – asked the differences between eating and dining experience, relationship between nutrition and health and ways to prepare simple nutritious meals. Conclusion – graduation ceremony & certificate, printed information, encourage supports to each other.		
Method of recruitment	Culturally diverse men and women, age 60 and older. Non-English speaking. Residents of private home (Angelus Plaza Senior		Recruitment method – poster, fliers in locations frequently visited by elderly people, cooperation with local GP, local newspapers	Cultural diverse men and women. Malay speaking. Elderly institution in Malaysia.

	citizen facilities). 2 cohorts (second cohort 16 months after the first cohort). From 1994 – 1996 Recruitment method – facilities' lobbies, on-site functions, fliers, articles in the residence		and radio, tester workshops, working with voluntary organisations, community activists.	Recruitment method – fliers, talks, suggested by institution (staff), individual meetings.
Method of delivery / mechanism	Individual and group sessions. Didactic instruction, experiential learning, self exploration, exchange and sharing of ideas.			Individual and group sessions. Didactic instruction, experiential learning, self exploration, exchange and sharing of ideas.
Evaluation	Screening Baseline medical and physical examination. Tinneti Balance scale	Screening – MMSE (score 24), medically able to come to the programme, able to communicate in English.	Screening tools – MMSE, GDS, Barthel Index, demographic data. Second interview – SF36,	Screening – MMSE, GDS, specific inclusion criteria.

	MMSE, GDS LaRue Global assessment Functional Status questionnaires – Life satisfaction index – Z CES Depression scale General Health Survey – SF36 Goal attainment scale (GAS)	Demographics – age, marital status, education level, religion, ethnicity, living arrangements, medical conditions, whether individuals had been hospitalised in the past 6 months, medical history, physical function, QoL, LSI-Z MMSE SF-36 (mental and physical related dimension) CES-D – depression scale LSI-Z Schooler's Master scale – to measure perceived control. functional status questionnaires (FSQ)	f/up interview – MMSE, GDS, WHODAS, Nottingham Leisure questionnaires, Qualitative interview. Self report on benefits – personal/emotional, activity, physical, health related	Quantitative ERAS, GSES, SWLS and WHOQoL-Bref. Qualitative Focus groups

Data analysis	Statistical analysis demographic variables chi2 square ANOVA .05, 2 tailed 80% power, effect size of .04 or greater	T- test to determine the differences between experimental and control groups. Repeated measure (ANOVA) – general linear model to calculate pre-test and post-test mean scores of the variables; age, gender, marital status, race …..comparison between control and experimental group.	Qualitative interview – thematic analysis, Nvivo software. Mean score (pre and post) on each outcome measured, box plot. Result : Quantitative – mean changes in MMSE score (no significant – pair t-test), GDS – changes in means, NS, Barthel index – NS, SF 36 – all areas - changes in means, but NS	Descriptive and inferential analysis. Demographic, Man-Whitney, Wilxon-Sign rank test, Shapiro-Willk test. Interpretative Phenomenological analysis – to develop themes.
Results / findings	no significant differences in demographic characteristics 73% lived alone. No significant differences across treatment groups and	No significant differences between control group and experimental group in demographic characteristics. 4 unable to complete post test	Quantitative result (pre and post) MMSE – little cognitive impairment amongst participants (27 to 28)	Participate in 3LP significantly increased ($p<0.05$) in ERA (physical, mental, cognitive and total),

	baseline medical history and physical examination. No treatment group differences in pre-test means Follow-up and compliance – Baseline factors related to outcome – ANOVA – demographic variables significant to changes in outcome (age, sex, age group, disability status) Intent to treat analysis – mean pre-test and post-test, significant benefits to all outcome measures except SF36. OT programme mitigated	No significant differences in pre- and post-test, incline towards post test in domains of SF36, FSQ	GDS – significant changes Barthel Index – not statistically significant SF 36 - cumulative scores for both physical and mental health had improved post intervention, was not found to be statistically significant. Nottingham leisure questionnaire – interest – reading book, dancing – unable to pursue (through qualitative interview|)	GSE, LS and all domain in WHOQoL. Focus groups provided experiences before and after 3LP. Various themes emerged supporting and complementing quantitative findings.

	health risk in elderly			
Others	Why the programme succeed. Health through meaningful occupation. Constructed daily activities that are meaningful to their life (customised programme) People's experience elevated health and wellbeing when they engaged in activity that they viewed as health promotion. Programme is highly individualised, applied to context of everyday experiences. Specific instruction – how			Self efficacy enhancing programme (SEEP) to facilitate motivation and adherence. Changes in functional ability. Characteristics of the participants.

	to overcome barriers to successful living, experience self-efficacy			
Limitations / recommendations	limitations may not generalised to older adults living in different situations (e.g. nursing homes, single family dwellers) different social economic status Recommendation. Replicate in different living situations. Investigate the mechanisms underlying the positive effect.	Limitations Small sample size – hindered the ability to determine effect size. Potential failure – programme ask the sample to take a risk and increase expectation, potential frustration. Slow increase in self-efficacy and motivation to improve engagement (due to illness) Differential in physical and functional capacities. Recommendation bigger sample size, multiple	Recommendation future study measure – GSE (Sherer), Ronsberg self esteem scale, EQ5D, Who could deliver the programme – OT, need for training. Reduced cost needed Programme should be culturally appropriate & fairly culturally homogenous. No scientific reason underpinning 9 months programme duration.	Limitations. Small sample size Cohort effect. Success determine highly by the institutional environment, characteristics of the participants (demographic characteristics of participants, educational background, socio-economic status).

		centres qualitative questionnaires – to assess client perceptions timing – cannot fit into structured programme funding –for social trips or leisure programme safer setting – and adaptation and modification available leadership roles for the patients in activities, giving greater confident in sharing experience. reducing roles of OT in conducting the group (to sustain network when the programme ends)	Engagement of community activist would greatly help. Challenges in recruitment of the elderly. How people not in the community would benefit from the programme. Measurement of benefits – GDS, Barthel Index, SF36 – not suitable What courses the benefits? Future research. Suggest future research – rationale for its appeal to older people, different phases of ageing, health gain, feasibility of conducting in different ethnic group, rural, urban,	

			workers that can be trained. Issues related to the outcome measures SF36 – methodological issues, difficulty to differentiate between items, to remember activity within 4 weeks, suitable for younger adults.	

Appendix 4.3: Topics to discuss during individual session

Meeting	Topics	Monthly themes.
1	• Establishing rapport. • Identifying individual physical, social and demographic information – e.g. previous employment, physical characteristics, • Reason for admissions • Experiences living in the institute, benefits and challenges. • Identifying performance in daily occupations & associate problems in performance accomplishment. • Occupational analysis – pattern and balance and its effect to personal health, physical & social status. • Hope and Direction in life	• Changes in aging – health and life roles & effect on occupations. • Relationship between occupation and health
2	• Response to previous group sessions • Exploring hobbies and interest – previous hobbies and interest • Life goals & wishes • Plan for personalised occupations – short terms and long terms • Prioritising personalised occupations, hopes & wishes • Connection with monthly themes	• Physical occupation and health • Maintaining physical health, reducing pain • Hopes and wishes
3	• Response to previous group sessions. • Identifying progress on personalised occupation plan • Facilitating personalised occupations – exploring options • Monitoring personalised occupations – encourage self-exploration and efficacy.	• Mental, cognitive and social occupations • Maintaining mental health and social relationship.
4	• Response to previous group sessions • Monitoring personalised occupations • Identifying progress, changes, alterations needed and response.	• Personalised occupation and health • Hobbies & interest, Diet, hobbies &

		finance.
5	• Monitoring personalised occupations • Identify challenges associated with personalised occupations and exploring alternative solutions. • Identifying progress, changes, alterations needed and response.	• Institution, environment and community management. • Daily activities – personal hygiene and self-maintaining
6	• Monitoring personalised occupations • Personal reflexion • Identification of changes • Acknowledging progress, changes, alterations and response (shows the benefits!) • Hopes for the future.	• Group Outing, social exploration • Graduations

Modus operandi to facilitate the development of self-efficacy during individual sessions aligned with social cognitive theory (Bandura, 1995). This is aligned with the self-efficacy enhancement programme (SEEP).

1. Provide positive feedback – verbal reinforcement and encouragement or persuasions
2. Giving example base on other 'successful' inmates (modelling) who posses similar physical and mental characteristics. Share personal success stories during the group sessions. Obtaining positive supports form social network e.g. other inmates, other participants in the group, family members.
3. Reviewing previous level of occupation fictional with current functional level in order to progress to the next level of function. Compare and contrast the differences, provide personalised example. If possible with visual aids (photograph). Break difficult tasks into sub tasks and smaller components, thus the tasks are easily attained and reducing anxiety and fear. Provide information and positive feedback on performance. Thus the participants will achieve mastery experience and skills building.

Appendix 4.4: Group intervention protocol

(adapted from Cole, 2005)

Session	Session 1 of 12
Group title	Title of the group : e.g Money management
Session title :	Aims and objectives of the session, goals of the session.
Format :	- 10 minutes of warming up - 10 minutes review of previous group activity and its relationship to today's activity. - 10 minutes – didactic presentation – the importance and the benefits of the group activity. - 30 minutes of activity - 20 minutes of discussion - 10 minutes; conclusion, and activity for next week
Supplies :	Equipment needed for the group activity, preparation of the equipment, distribution.
Description :	Step by step description of what will be included : 1. Introduction and warm up, explanation of purpose, outline of the sessions, expectations and time frame, commitment, individual roles, individual contribution and responsibility 2. Activity – copy of worksheet, direction of the activity, timing, prior experience, choices, preferences. 3. Sharing – procedures on how members will share experiences, time needed, question and answer, acknowledgements, discussion, benefits to the group to individual 4. Discussion/Generalisation – processing the knowledge and experience gained from the activity, generalising the new knowledge and applicability to the individual, question and answer, acknowledgements, reinforcement 5. Application – how the understanding, new skills and knowledge apply to everyday activities, provide examples through limited self-disclosure 6. Verbal summary at the end of each session – points to remember, relate to the goals and everyday occupations.
Researcher roles:	1. Identifying the difficulties, challenges, attitude and responses of the participants. 2. Issues in the group – power and control, sub grouping, conflict, avoidance, disagreement, group dynamic and group energy.

	3. Issues of individual participant – motivation, 4. Provide a report and outcome of the session 5. Role of the researcher after the group session: 6. Roles of the researcher during the group session: a. Invite members to share b. Use appropriate verbal and non verbal communication c. Empathise with and acknowledge feelings of the members. d. Elicit members' feelings about the experience, each other. e. Inspire motivation, confidence and enthusiasm and group interaction.

Reference:

Cole, M.B (2005*) Group dynamic in occupational therapy: The theoretical and practice application of group intervention (3rd ed).* Thorofare: SLACK Incorporated.

Appendix 5.1: Result of the Interest checklists (modified) – for all participants (n=82) and experimental group (n=46)

No	Category	Example*	Participation					
			Past (n)	**%**	**Present (n)**	**%**	**Future (n)**	**%**
1	Health and fitness	Individual exercises, walking, cycling,	**68**	**82.9**	**25**	**30.5**	**72**	**87.8**
2	Sports	Outdoor activities, Badminton, table tennis , top spinning,	17	20.7	0	0.0	53	64.6
3	Creative	Painting, craft work, carving, drawing	0	0.0	**2**	**2.4**	10	12.2
4	Productivity / work	Paid employment, volunteer work, self-employed	**62**	**75.6**	**2**	**2.4**	15	18.3
5	Leisure	Indoor activities, social trips, board games, cooking, watching TV, listening to radio., movie, singing (karaoke), *sembang kedai kopi* (coffee house chats)	**68**	**82.9**	**57**	**69.5**	**76**	**92.7**
6	Social	Letter writing, telephoning, visits to other people e.g. relatives, neighbours, children, weekly group recitation	**62**	**75.6**	0	0.0	**62**	**75.6**
7	Outdoor	Walking, shopping, bird catching, kite flying, fishing, gardening	**75**	**91.5**	3	3.7	**68**	**82.9**
8	Out and about	Cinema, bingo, day trips, travelling, shopping, holidays	65	79.3	**5**	**6.1**	45	54.9
9	Education	Reading newspapers, books , looking at magazines	25	30.5	5	6.1	**30**	**36.6**
10	Religious	Praying, recital, going to mosque, church, temple	64	78.0	20	24.4	**65**	**79.3**
		TOTAL PARTICIPANTS	82	100.0	82	100.0	82	100.0

* Activities that was engaged more than three times per week. , n = number of participants, ADL = activities of daily living, IADL = Instrumental ADL, ROM = Range of movement.

Participants in experimental group (n=46).

No	Category	Example*	Participation					
			Past (n)	**%**	**Present (n)**	**%**	**Future (n)**	**%**
1	Health and fitness	Individual exercises, walking, cycling,	**35**	**76.1**	**11**	**23.9**	**38**	**82.6**
2	Sports	Outdoor activities, badminton, table tennis, top spinning,	18	**39.1**	0	**0.0**	20	**43.5**
3	Creative	Painting, craft work, carving, drawing	2	**4.3**	1	**2.2**	2	**4.3**
4	Productivity / work	Paid employment, volunteer work, self-employed	**42**	**91.3**	2	**4.3**	26	**56.5**
5	Leisure	Indoor activities, social trips, board games, cooking, watching TV, listening to radio., movie, singing (karaoke), *sembang kedai kopi* (coffee house chats)	**38**	**82.6**	5	**10.9**	**40**	**87.0**
6	Social	Letter writing, telephoning, visits to other people e.g. relatives, neighbours, children, weekly group recitation	**42**	**91.3**	19	**41.3**	**39**	**84.8**
7	Outdoor	Walking, shopping, bird catching, kite flying, fishing	**30**	**65.2**	2	**4.3**	**38**	**82.6**
8	Out and about	Cinema, bingo, day trips, travelling, shopping, holidays	28	**60.9**	5	**10.9**	24	**52.2**
9	Education	Reading newspapers, books, looking at magazines	16	**38.1**	3	**7.1**	**23**	**54.8**
10	Religious	Praying, recital, going to mosque, church, temple	46	**100.0**	42	**91.3**	**46**	**100.0**
		TOTAL PARTICIPANTS	46	**100.0**	42	**91.3**	46	**100.0**

* Activities that was engaged more than three times per week. , n = number of participants

Appendix 5.2: Characteristics of the participants in Pre experimental focus groups

Pre experimental Focus Groups – Group 1 Female (60 – 75 year old).

No	Group	Codes	Age (Years)	Duration in Inst. (months)	Brief individual characteristics
3	1F	PeE_G1_F_P35	71	12	71 yr old window, study until standard 5, able to read Arabic, independent in ADL, able to walk independently. No major health conditions, admitted to institution by children. Not in touch with children, feel isolated and lonely, missing children. Occupation prior relocation – no paid occupations, self-sustained life with local vegetation, . said 'no choice' living in institution. Lack of engagement in occupations, waiting for meal time, no plan for the future.
4	1F	PeE_G1_F_P46	71	5	71 yr old single female, admitted to institution by DOSW, brother is in institution too, had osteoarthritis, knee pain, diabetes and hypertension. Walk slowly and independent in ADL, Slightly overweight, feel 'alienated' by other residents, not mixing well, feel isolated, look depressed, often visited by her sister.
5	1F	PeE_G1_F_P44	62	60	Abandoned by family members, converted to Islam, Single, diagnosed as HIV positive through blood transfusion, independent in ADL, no family members visited. Seems adjusted and happy living in the institution. Engaging in craft activities (door mat), no other occupations conducted, not active in outdoor and indoor activities.
6	1F	PeE_G1_F_P45	64	36	Single, diabetic, independent in ADL, many friends outside the institute. Often visited by family members (sisters), no specific occupations conducted in the

					institution, just ‘waiting for meal time’, Complained feel lethargic and tired most of the time, disturbance of sleep, socializing well with other residents.

Pre experimental Focus Groups – Group 1 Male (60 – 75 year old).

No	Group	Codes	Age (Years)	Duration in Inst. (months)	Brief individual characteristics
1	1M	PeE_G1_M_P22	75	48	Widowed, never go to school, no major health problem, keep in touch with children, visited by children. Happy living in the institution, feel respected by other people (staff and other students who comes for attachment), feel board, used to work ‘hard’ prior relocation and often help other people in his village until he had a fracture.
2	1M	PeE_G1_M_P03	65	12	65 year old man, single. Reason for admission – ‘no other place to go’, used to stay with his brother. Come from religious background. Enjoy living in the institution, feel ‘ free’ and don’t have to work hard to obtain basic need such as food, no pressure, no specific occupations conducted. Stressed feel ‘confined’.
3	1M	PeE_G1_M_P24	68	24	Single; never go to school, no major health problem, no contact with family members. Able to read and write in Arabic, can write and read slowly in Bahasa. Was re located by DOSW due to improvised living prior relocation. Stressed that he enjoy living in the institution, from benefits obtained. Stressed that he feel bored, ‘not healthy’, ‘*darah tak jalan’* (lak of blood circulations). Work as ‘traditional healer’ and masseurs. Like to continue occupations.

4	1M	PeE_G1_M_P19	64	24	64 year old married man with two children. School until standard 6, able to read and write in Bahasa. Was admitted by children. Independent in ADL, no physical illness or other major illness. Previously work odd jobs in rural area – helping other people. Felt contented living in the institution, feel 'relaxed' and 'no pressure' to find food. Happy with socialization with other residents and staff. Feel respected. Complained feel 'l*esu*' and tired all time.
5	1M	PeE_G1_M_P18	68	26	Single man, school up to standard 6, had CVA before, able to walk with crutches, independent in ADL activities, active individual. Able to read and write in Bahasa. No contact with previous friends and family members. Very active individual prior CVA, participated in competitive sports such as marathon. Likes to sings and going out. Feel 'trapped' and unable to see 'outside' the institution.

Pre experimental Focus Groups – Group 2 Male (above 75 year old).

No	Group	Codes	Age (Years)	Duration in Inst. (months)	Brief individual characteristics
1	2M	PeE_G2_M_P14	78	26	Widowed, school up to standard 6, 2 health problem, diabetes, shortness of breath, COPD, in touch wt family members. Was relocated by other people (neighbors and other villagers), Fell happy living in the institution. Independent in ADL, no specific occupation engaged in the institution. Stated that he rested most of the time while waiting for meal time. Likes to engage in occupations like going out of the institution.
2	2M	PeE_G2_M_P17	79	60	Widowed, study up to standard 6, able to read, two health problem, arthritis and COPD, independent in ADL, able to walk with steady gait. Relocated to institution by children. Feel happy living in the institution, contented with hospitality and relationship with residents and staff. No specific occupations conducted, 'ikut ares. (following the flow), feel bored, ' '*serah pada nasib'* (surrender to fate).
3	2M	PeE_G2_M_P21	85	35	85 year old widow, never finish school (standard 2), unable to read and write, independent in ADL, looks healthy inspite of diagnosed as DM and Hypertension, happy living in the institution and obtaining benefits such as food and shelter. Seems adjusted with the institution, accept his conditions and 'fate'' that determine him live in the institution. Wishing for opportunity to engage in religious related activities. Said that he is 'old' and 'going to die soon'.
4	2M	PeE_G2_M_P16	84	12	Married, never go to school, no major health complains accept the knee pain, not in touch with children and no one visiting him, independent in ADL. Feel happy living in the institution, likes to walk around the institution, stated that he likes to

					walk out of the institution.
5	2M	PeE_G2_M_P15	80	24	Widowed, school up to standard 6, COPD, diabetes, no family members in touch, independent in ADL.
6	2M	PeE_G2_M_P26	76	2	Married with 5 children, school up to standard 6, COPD and knee pain, in touch with children. Look frail, walk with walking sticks and unsteady gait, and often sleeps during the day. Feel un happy living in the institution, wants to go home, enjoys the benefits of living in the institutions.

Pre experimental Focus Groups – Group 2 Female (above 75 year old).

No	Group	Codes	Age (Years)	Duration in Inst. (months)	Brief individual characteristics
1	2F	PeE_G2_F_P41	80	14	Widowed, school until standard 2 (primary school), sent to institution by children, has diabetes and hypertension, no visits from children, family members and friends. Looks 'sad' , not socializing well with other residents, like to keep by herself. Said she is ;sad' because children send her to the institution, wants to go home and live by herself, feel powerless with the situations (living in the institutions), have to accept fate and contented with benefits obtained in the institutions.
2	2F	PeE_G2_F_P30	86	43	Single, never go to school, no major health problems accept slight pain when walking, not in touch with family members and friends. Feel abandoned by family members and was relocated by DOSW due to living in improvised environment. Feel happy and contented with current conditions, feel 'no options.. no specific

					occupations conducted during the day, just 'eat' and sleep'. Feel bored and tired, often sleep during the day.
3	2F	PeE_G2_F_P33	86	10	Married, never go to school, have two major health conditions; diabetes and hypertension. Used to worked in oil palm plantation. She said she rested most of the time , 'nothing to do', feel lethargic and restless.
4	2F	PeE_G2_F_P32	83	4	Married, never go to school, have tow medical conditions, arthritis and COPD, in touch with children.
5	2F	PeE_G2_F_P39	85	35	Married, go to school up to standard 6, two medical conditions, knee pain, diabetes and hypertension on medication, keep in touch with children.

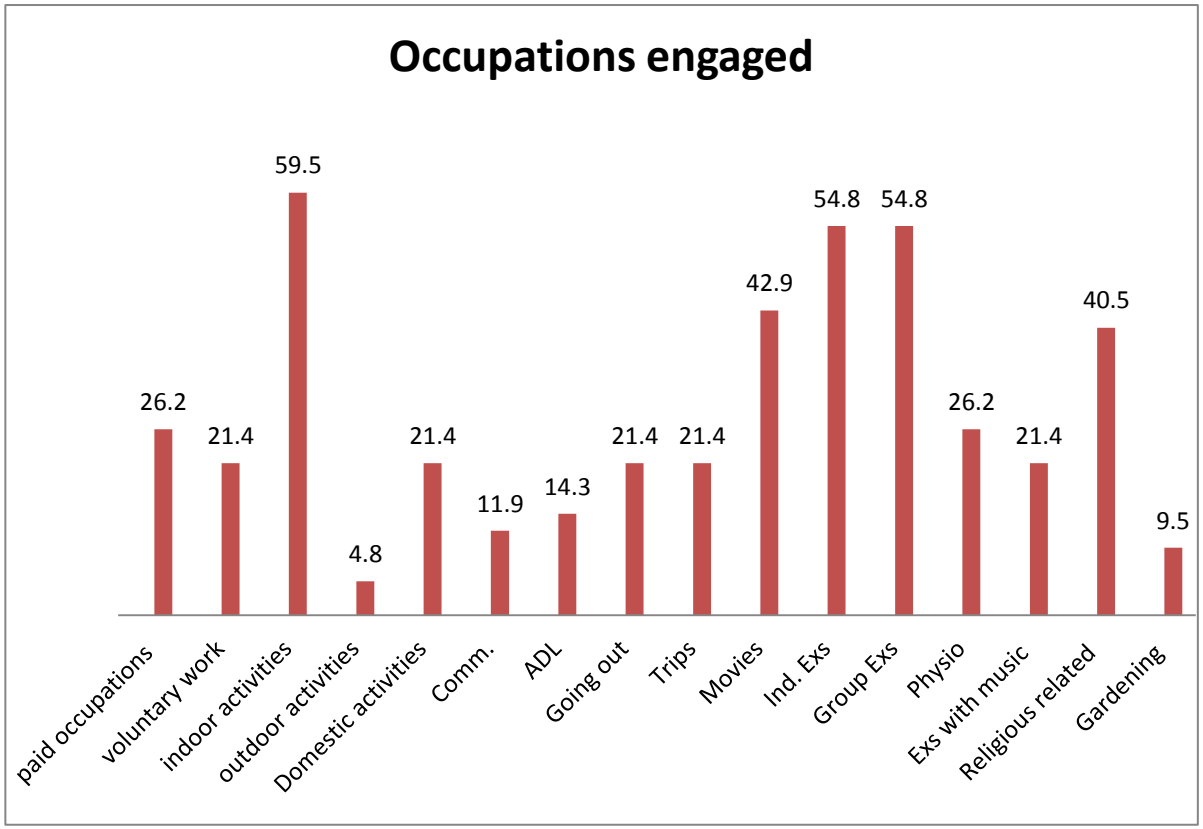
Keys F = Female, M = Male, PeE = Post experimental group, G1 = Group 1, P = participant number.

Appendix 5.3: Occupational activities conducted by participants

TYPES OF OCCUPATIONS CONDUCTED BY PARTICIPANTS BASED ON AGE AND GENDER

Code	gender	Age	paid occ.	voluntary work	indoor activities	outdoor activiti	Domes. Act.	Personalised Occupations			Rec. activities		Exercises				Religious related	Gardening	total
								Comm.	ADL	oing ou	Trips	Movies	Ind.	Group	Physio	th musi			
EG1	M	85		1	1				1						1				4
EG2	M	70			1								1	1				1	4
EG3	M	65	1										1	1					3
EG4	M	62																	0
EG5	M	67		1		1							1						3
EG6	M	77			1							1	1						3
EG7	M	80								1			1	1			1		4
EG8	M	74																	0
EG9	M	78		1									1	1			1		4
EG10	M	67			1								1						2
EG11	M	80																	0
EG12	M	70			1							1	1	1	1		1		6
EG13	M	89			1					1		1	1						4
EG14	M	78							1				1	1			1		4
EG15	M	80							1				1	1		1	1		5
EG16	M	84			1				1	1									3
EG17	M	79			1		1					1						1	4
EG18	M	68	1		1					1	1	1			1	1			7
EG19	M	64		1									1	1					3
EG20	M	82		1													1		2
EG21	M	85																	0
EG22	M	75			1		1		1			1	1	1	1	1	1		9
EG23	M	72																	0
EG24	F	68	1	1				1			1	1	1		1	1	1	1	10
EG25	F	72											1	1	1				3
EG26	F	76			1			1				1	1	1	1		1		7
EG27	F	80	1		1				1					1			1		5
EG28	F	80		1	1						1	1							4
EG29	F	70	1		1		1							1		1			5
EG30	F	86												1			1		2
EG31	F	60	1	1	1		1			1		1		1		1			8
EG32	F	83																	0
EG33	F	86	1		1							1		1					4
EG34	F	74			1							1					1		3
EG35	F	71																	0
EG36	F	90												1	1	1	1		4
EG37	F	60	1		1		1				1	1							5
EG38	F	68			1		1	1		1	1	1			1				7
EG39	F	85											1	1	1		1		4
EG40	F	70		1	1			1					1	1		1			6
EG41	F	80	1		1		1	1			1	1	1	1			1		9
EG42	F	70			1								1	1					3
EG43	F	70	1		1	1	1			1	1	1	1	1		1			10
EG44	F	62	1		1		1			1	1	1	1						7
EG45	F	64			1		1	1			1	1		1			1	1	8
EG46	F												1		1		1		3
			TOTAL	11	9	25	2	9	6	6	9	9	18	23	23	11	9	17	4
			PERCENT	26.2	21.4	59.5	4.8	21.4	14.3	14.3	21.4	21.4	42.9	54.8	54.8	26.2	21.4	40.5	9.5

Type of occupations	Number	Percent
paid occupations	11	26.2
voluntary work	9	21.4
indoor activities	25	59.5
outdoor activities	2	4.8
Domestic activities	9	21.4
Comm.	6	11.9
ADL	6	14.3
Going out	9	21.4
Trips	9	21.4
Movies	18	42.9
Ind. Exs	23	54.8
Group Exs	23	54.8
Physio	11	26.2
Exs with music	9	21.4
Religious related	17	40.5
Gardening	4	9.5



not responding 'well' to 3LP

Died

Defination

Paid occupations = occupations that provide income given by the institute or individual insentive, e.g. taking care the fish pond, kitchen activities, crafts

Voluntary work = althurism, helping others (in mates or staff)

Inddor activities = activities conducted in ward, 3LP room e.g. drought, bingo,
karaoke
Personalised occupations = Communication - using phone, or letter writing, ADL - hygiene activities, Going out - activities outside the institute
Recreational activities = socialisation activities, group trips - sigh seeing
Gardening = occupations include flower potting, gardening -vegetable

Appendix 5.4: Characteristics of participants who did not engage in specific occupations

No	Group	Codes	Age (Years)	Duration (months)	Brief individual characteristics
1	1M	PoE_G1_M_P23	72	14	70 year old man, school up to standard 6, was admitted by children. His wife and children do not keep in touch with him. Has two major health related problem, gastritis and respiratory related problems. A smoker, looks a bit depressed most of the time, happy to socialize with other residents whilst waiting for meal times. No specific occupations conducted. Individualized occupations include maintaining health functions, re engagement in socialization with children, indoor and outdoor activities, recreational activities, movies. Seldom comes for group sessions, no specific occupations, seldom conducts individual exercises. Unable to re engage with children Possible reason for unresponsive towards 3LP. Unable to reengage in socialization with children and wife. Therapist unable to contact family members. In addition, he stressed that the occupations do not provide him with '*ang pow'* (pocket money), thus prefers to sleep and rest during the day.
2	1F	PeE_G1_F_P35	71	12	71 yr old widow, school until standard 5, able to read Arabic, independent in ADL, able to walk independently. No major health conditions, admitted to institution by children. Not in touch with children, feels isolated and lonely, missing children. Occupation prior relocation – no paid occupations, self-

					sustained life with local vegetation. Said he had 'no choice' about living in institution. Lack of engagement in occupations, waiting for meal times, no plans for the future Participated in pre experimental focus groups Planned individualized occupations include recreational activities, indoor activities such as movies and craft related activities. She showed interest in occupations related to life roles, such as cooking. Possible reason for unresponsiveness towards 3LP. Seldom come for group session but often comes to domestic session. No longer interested in craft activities. Unable to contact children, looks more depressed than before. It is possible that the participant is depressed.
3	1F	PoE_G1_F_P42	70	61	72 year old Indian, widow, wears glasses, was admitted to the institution by children. Does not keep in touch with children. Never attended school, unable to read and write in Bahasa, and unable to communicate well in Bahasa. History of DM and HT and on medication. Developed diabetic ulcer and on daily dressing by nurses. In addition, have blurring of vision (? Diabetic glaucoma). Rests during the day most of the time whilst waiting for meal times. Does not engage in any specific occupations. Individualized occupations include specific exercises to increased blood circulation of lower limb and recreational activities. Plans for communicating with children, interested in craft activities. Possible reason for unresponsiveness towards 3LP.

					Unable to communicate with children. Has blurred vision and is uncomfortable with new glasses given (prefers old glasses), thus unable to engaged in craft work. In addition, she finds it difficult to communicate with other residents in Bahasa.
4	1F	PeE_G1_F_P46	71	5	71 yr old single female, admitted to institution by DOSW, brother is in institution, has osteoarthritis, knee pain, diabetes and hypertension. Walks slowly and independently in ADL, Slightly overweight, feels 'alienated' by other residents, not mixing well, feels isolated, looks depressed, often visited by her sister. Participated in pre experimental focus groups Possible reason for unresponsiveness towards 3LP. Her brother (who was in the ward) died 3 months before she completed the 3LP which caused her to be depressed and declined to engage in occupations. Further management was discussed with staff nurses. In addition, increased pain in knee (exacerbation of the arthritis symptoms). Socialized well in group, but seldom came to group session which affect her socialization and support status.

Appendix 5.5: Characteristics of the participants in post experimental focus groups and occupational activities conducted

Post experimental Focus Groups – Group 1 Female (60 – 75 year old)

No	Group	Codes	Age (Years)	Duration in Inst. (months)	Brief individual characteristics	Occupations engaged (post intervention)
1	1F	PoE_G1_F_P43	70	24	Widowed, never went to school, no major health problems, independent in ADL. No contact with children.	Morning exercises (individual and groups), all recreational activities – bingo, movies, musical sessions, selling cigarettes, going out of institute, shopping, sightseeing. Participating in domestic session.
2	1F	PoE_G1_F_P37	60	12	Married, abandoned by husband, No health problems, body and stomach discomfort, independent in ADL, no contact with family, no children.	Seldom exercised, helps in the kitchen – preparing meals, cleaning, recreational activities and social activities – trips, bingo, domestic activities.
3	1F	PoE_G1_F_P42	70	61	Widowed, never went to school, no major health problems, independent in ADL, walks with walking sticks. No contact with children.	Morning exercises (group), socializes with other residents, watches television, listens to radio, no specific occupations.
4	1F	PoE_G1_F_P40	70	42	Married, never gone to school, hypertensive on medication, independent in ADL, in touch with children.	Morning exercises – individual / group / music sessions, helps in cleaning the ward, recreational activities, social activities, phones children

5	1F	PoE_G1_F_P44	62	60	Abandoned by family members, Single, diagnosed as HIV positive, independent in ADL, no family members visited	Participate in recreational activities, movies and indoor activities, sometimes involves with domestic session, making bracelets / rugs, going out shopping and buy food.
6	1F	PoE_G1_F_P45	64	36	Single, diabetic, independent in ADL, many friends outside the institute.	Morning exercises – group, attends religious classes, participates in all recreational activates, indoor games, key player in domestic sessions, going out, gardening – flower planting.

Keys

F = Female, PoE = Post experimental group, G1 = Group 1, P = participant number.

Post experimental Focus Groups – Group 1 Male (60 – 75 year old)

No	Group	Codes	Age (Years)	Duration in Inst. (months)	Brief individual characteristics	Occupations engaged (post intervention)
1	1M	PoE_G1_M_P22	75	48	Widowed, never went to school, no major health problems, keeps in touch with children, visited by children.	Participates in group and conducts individual exercises, writes letters and telephones children and adopted sons, attends religious classes, participates in recreational activities, indoor activities, going out of the institute.
2	1M	PoE_G1_M_P23	72	14	Married, school up to standard 6, diabetic and hypertension,	No specific occupations, not interested, prefers to ‘think’ and rest all day

					no contact with family members.	
3	1M	PoE_G1_M_P24	68	24	Single, never went to school, no major health problems, no contact with family members	Morning exercises, own exercises and in groups, improving level of ADL activities (personal hygiene), works as a masseur, participates in leisure activities, religious classes, helps in cleaning the wards and gardening around the wards,
4	1M	PoE_G1_M_P25	72	14	Single; never went to school, no major health problems, knee pain, walks with slow gait and walking frame, independent in ADL, no contact with family members.	Attends morning exercise, conducts own exercise, attending physio for knee pain and ambulation.
5	1M	PoE_G1_M_P18	68	26	Single man, school up to standard 6, had CVA previously, able to walk with crutches, independent in ADL activities, active individual. No contact with previous friends and family members.	Participates in morning group exercises, conducts individual exercise, often goes out of the institute to shops, selling cigarettes etc., attended religious classes, often attend karaoke sessions, music activities. Participates actively in all sessions, often attends domestic sessions.

Keys

M= Male, PoE = Post experimental group, G1 = Group 1, P = participant number.

Post experimental Focus Groups – Group 2 Male (above 75 year old)

No	Group	Codes	Age (Years)	Duration in Inst. (months)	Brief individual characteristics	Occupations engaged (post intervention)
1	2M	PoE_G2_M_P14	78	26	Widowed, school up to standard 6, 2 health problems, diabetes, shortness of breath, COPD, in touch with family members.	Participates in group morning exercises and individual sessions, ADL activities (personal hygiene and mosquitoes issues), helps in cleaning the ward, and participates in recreational activities – indoor games, movies, and going out of the institute.
2	2M	PoE_G2_M_P17	79	60	Widowed, study up to standard 6, able to read, two health problem, arthritis and COPD, independent in ADL.	Participates in activities from time to time, especially recreational activities, indoor games, movies. Involved in domestic sessions, works by helping in the garden, filling the pots and taking care of the garden.
3	2M	PoE_G2_M_P27			Single, school up to standard 6, hypertension and muscular pain, no contact with family	Participates in leisure activities, indoor activities, paid occupations, takes care of the fish pond, participates in religious

					members.	classes and advice on personal hygiene.
4	2M	PoE_G2_M_P16	84	12	Married, never went to school, no major health complaints except the knee pain, not in touch with children, independent in ADL.	Participates in morning and individual exercises, attends physio for knee pain, walking outside the institute, meeting friends and buying personal items. Participates in recreational activities, movies, indoor activities.
5	2M	PoE_G2_M_P15	80	24	Widowed, school up to standard 6, COPD, diabetes, no family members in touch, independent in ADL.	Attends religious classes, recites Quran, wants to perform Haj, attends morning exercises, group and individual sessions. Conducts ADL activities (personal hygiene).
6	2M	PoE_G2_M_P26	76	2	Married with 5 children, school up to standard 6, COPD and knee pain, in touch with children.	Participates in religious classes, group exercises and conducts individual exercises, participates in recreational activities such as bingo and indoor games and movies.

Keys M = male, , PoE = Post experimental group, G1 = Group 1, P = participant number.

Post experimental Focus Groups – Group 2 Female (above 75 year old)

No	Group	Codes	Age (Years)	Duration in Inst. (months)	Brief individual characteristics	Occupations engaged (post intervention)
1	2F	PoE_G2_F_P41	80	14	Widowed, school until standard 2 (primary school), sent to institution by children, has diabetes and hypertension, no visits from children, family members and friends.	Participates in morning exercises in groups and individual sessions. Works in the kitchen (peeling anchovies), participates in domestic sessions, religious activities, recreational activities, bingo and movies. Attends physio. Contacting family members and children.
2	2F	PoE_G2_F_P30	86	43	Single, never went to school, no major health problems accept slight pain when walking, not in touch with family members and friends.	Participates in group session, attends physio to alleviate pain, maintains physical function, attends religious activities.
3	2F	PoE_G2_F_P33	86	10	Married, never went to school, has two major health conditions; diabetes and hypertension	Participates in morning exercises in groups, works – helps in the kitchen, preparing the tables and cleaning, participates in recreational activities, indoor games and movies, and music therapy.
4	2F	PoE_G2_F_P32	83	4	Married, never went to school, has two medical conditions, arthritis and COPD, in touch	Not responding well, not keen to engage in occupational activities and not exercising, health problems, referred to physio for

					with children.	treatment, personal problem with children,
5	2F	PoE_G2_F_P39	85	35	Married, school up to standard 6, two medical conditions, knee pain, diabetes and hypertension on medication, keeps in touch with children.	Participates in group exercises and conducts own exercises. Attending physio for rehab to alleviate pain. Participates in religious activities, recreational activities, movies and other indoor games. Participates in social activities, in touch with children, wants to perform Haj.
6	2F	Poe_G2_F_P36	90	72	Widowed, school up to standard 6, has three medical problems – arthritis, vision problem and diabetes, not in touch with children.	Participates in group exercise and individual exercises, attending physio to maintain physical function, needs spectacles to correct visual problem, contacts children with telephone calls once a week.

Keys F = Female, PoE = Post experimental group, G1 = Group 1, P = participant number.

Appendix 7.1: Characteristics of participants with extremes values (outliers) and possible causes

No	Pt code	Name	Age (Years)	Duration in inst. (months)	Extreme values in	Possible causes	Note
1	P14	Mr. Y	78	26	ERA (-)	Mr. Y participated actively in individualise occupations, such as morning exercises, attending religious classes and participating in indoor activities (bingo and draughts) and often attended weekly movie sessions. During individual meeting (meeting 5), he stated that deterioration in his physical condition affected his desire to engage in personalised occupations, subsequently reduced his participation in occupations. His condition was discussed with nurses for further management	Participant experiment group
2	P15	Mr. T	80	24	ERA (-)	Mr. T engaged actively in many individualised occupations, such as attending religious classes, performing early morning exercises (groups and individual). Individual and group session did not detect any changes or deterioration in occupations engaged. Negative outliers in ERA are unknown.	Participant experiment group
3	P39	Mrs. M	85	35	ERA (+)	This participant is attending rehabilitation sessions with physio in addition to engagement in individualised occupations such as indoor activities (bingo, cooking sessions) and attending religious related activities. During an individual session (meeting number 6), she stated that her relationship with her children is getting	Participant experiment group.

						better and plans to perform pilgrimage (Haj) with her husband and her children. This could provide positive affect and an increase in psychological domain in ERA.	

Appendix 9.1: Characteristics of participants with extremes values (outliers) and possible causes

No	Pt code	Name	Age (Years)	Duration in Inst. (months)	Extreme values in	Possible causes	Note
1	P03	Mr. R	65	12	Physical (+)	A single man. Feel bored and tired all the time prior to 3LP. 3LP provide him with opportunity to engaged in various recreation activities. Paid occupations (cleaning the little mosque). Come to physio from time to time and often engaged in physical related activities (individual and group sessions) and going out of the institute. Changes in physical health could be due to changes in paid occupation that requires physical involvement (e.g. cleaning), makes him feel more energetic and increased tolerance.	Participant in pre FG & EG
2	P06	Mr. AR	77	2	Social (+)	Newly admitted in the institute. In 3LP he engaged in indoor activities, movies and conduct individual exercises. Group session could provide him with social relationship or changes in perception towards the institute. Often visited by siblings (brother).	Participant EG
3	P18	Mr. Y	68	26	Social (+)	A single man who had a history of CVA and walking with sticks. 3LP provide him with opportunity to engage in various occupations as prior re location,	Participant in pre and post FG & EG.

						such as go out shopping at the mall , having meal at restaurant outside the institute, physical exercises, active singing to visitors (karaoke session) and participate actively in recreational activities. He also sells groceries and cigarettes to staff and other residents.	
4	P24	Mr. S	68	24	Social (+)	3LP provide opportunity for him to keep in touch with his siblings through telephone, engage with activities outside the institute and re engage prior skill as a pay messieurs. In addition, he also participate actively in recreational and religious related activities, gardening around the block and help in cleaning the ward.	Participant in pre and post FG & EG
5	P56	Mr.D	65	60	Physical (-)	Participant in control group. Diagnosed as diabetes in the institute.	Participant in CG
6	P79	Mrs.L	78	18	Environment (+)	Participant in control group.	Participant in CG

FG = Focus Groups, EG = Experimental group, + = positive extreme values, - = negative extreme values.

Appendix 9.2: Description of scores in previous studies for WHOQOL-Bref

WHOQoL Domains	**Study 1**	**Study 2**	**Study 3**	**Study 4**	**Study 5**	**Study 6**	**Study 7**	**Study 8**	**Study 9**
Question 1	-	3.4 (0.73)	-	-	-	-	3.2 (1.20)	4.01 (0.86)	-
Question 2	-	2.9 (0.83)	-	-	-	-	2.98 (1.10)	3.69 (1.02)	-
Physical Health	14.2 (3.0)	**11.7 (2.2)**	13 (2)*	**13.7 (3.2)**	13.7 (2.4)	**13.98 (2.16)**	**12.13 (3.48)**	14.93 (3.10)	**13.34 (2.62)**
Psychological	14.1 (3.0)	**11.2 (2.5)**	13 (2)	**12.8 (2.9)**	14.6 (2.6)	**13.10 (2.40)**	**13.55 (2.93)**	15.58 (2.26)	**13.66 (2.31)**
Social relationship	14.2 (3.2)	**12.7 (2.1)**	13 (2)	**13.9 (2.4)**	13.6 (2.7)	**13.53 (2.54)**	**13.08 (3.35)**	15.02 (2.98)	**13.82 (3.71)**
Environment	13.8 (2.6)	**12.4 (1.7)**	13 (2)	**14.9 (2.2)**	13.3 (2.4)	**14.11 (1.70)**	**14.82 (2.51)**	16.24 (2.15)	**13.65 (2.09)**
TOTAL	56.3	**48.0**	52.0	**55.3**	55.2	**54.72**	**53.58**	61.77	**54.47**

* decimals points not available. - = data not available

Study 1 - International adults > 65 (Skevington, et al., 2004)

Study 2 - **Institutionalised elderly people in Taiwan – 428 people (Lai, et al., 2005)**

Study 3 - Community dwelling elderly people in Taiwan – 1200 people (Hwang, et al., 2003)

Study 4 - Elderly people in Taiwan who live alone – 192 people (Lin, et al., 2008)

Study 5 – Healthy elderly people in Indonesia.- 101 people (Kusumaratna, 2008)

Study 6 – **Elderly people in veterans' home (long term care) in Taiwan – 260 people (Chang, et al., 2010)**

Study 7 – Korean War veterans in the community (Australia) – 6122 (Ikin, et al., 2009)

Study 8 – Australian elderly (comparisons group) – 1510 people (Ikin, et al., 2009)

Study 9 – Norms for elderly people – Hawthrone, Herman & Murphy, 2006

Appendix 10.1: Publications and presentations.

Akehsan, D., Nicol, M., & Maciver, D (2010). Elements of life satisfaction amongst elderly people living in institution in Malaysia: A mixed methodology approach. *Hong Kong Journal of Occupational Therapy. 20*(2), 71-79.

Akehsan, D (2009) "Lively Later Life Programme (3LP) : An Occupational Approach to a healthy institutionalised elderly people" – Oral Presentation, College of Occupational Therapists (COT) 34 th Annual Conference and Exhibition, Brighton Centre, Brighton, 22 – 25 June 2010.

Akehsan, D (2009) "Cost Benefits Analysis of Rheumatoid Arthritis Education Programme" Poster Presentation. 15 th World Federation of Occupational Therapy (WFOT) Congress. 4 – 7 May 2010, Santiago, Chile.

Akehsan, D (2009) "Lively Later Life Programme (3LP) Occupational approach to institutionalised elderly people". 15 th World Federation of Occupational Therapy (WFOT) Congress. 4 – 7 May 2010, Santiago, Chile. – Oral Presentation.

Akehsan, D (2009) "Life satisfaction amongst institutionalised elderly people" Oral presentation - 1st Annual Queen Margaret University Graduate School Conference, Edinburgh.

Akehsan, D; Nicol, M; Maciver, D (2009) " Lively Later Life Programme (3LP) : An Occupational Approach to a healthy institutionalised elderly people" – Poster Presentation - 1st Annual Queen Margaret University Graduate School Conference, Edinburgh.

Akehsan, D; Nicol, M; Maciver,D (2009) "Lively Later Life Programme (3LP) : An Occupational Approach to institutionalised elderly people" – Poster Presentation - Queen Margaret University Staff Conference, Edinburgh.

Publication under review: (3 September 2011).

1. British Journal of Occupational Therapy (BJOT).

Title: The idiographic experience of the Lively Later Life Programme (3LP) for older people in institutional setting in Malaysia

2. Archives of Gerontology and Geriatrics.

Title: Quality of Life and engagement in activities amongst institutionalised older people in Malaysia. A Mixed Methodology Approach

3. Australian Occupational Therapy Journal.

Title: Expectations regarding ageing and engagement in occupations amongst elderly people in institution in Malaysia. A mixed methodology approach

4. Gerontologist.

Title : "The Lively Later Life (3LP)": A randomised trial of an engagement in occupational activities for institutionalised elderly people in Malaysia

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